

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 3/15/12 B.M.  
 AC 2012-030  
 David R. Moser  
 13546 North Harmony Lane  
 Opdyke, IL 62872

2. Article Number  
 (Transfer from service label)

7011 0110 0001 8270 0409

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Beth Moser* Agent Addressee

B. Received by (Printed Name)

*Beth Moser*

C. Date of Delivery

*03-20-12*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes