COMPLETE THIS SECTION ON DELIVERY 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. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. Yes Yes D. Is delivery address different from item 1? 1. Article Addressed to: 4/5/12 B.M. If YES, enter delivery address below: ☐ No AC 2011-013 Ray Newingham 715 W. Day Street Roodhouse, IL 62081 Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number-(Transfer from service label) 8-11 0110 0001 8270 0515

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004