

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: 5/17/12 B.M.
 AC 2012-034
 David N. Lutz
 P.O. Box 482
 Shelbyville, IL 62468

2. Article Number
 (Transfer from service label)

7011 0110 0001 8270 0836

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Lois M. Jones

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

5/30/12

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