

COMPLETE THIS SECTION

Items 1, 2, and 3. Also complete Restricted Delivery if desired. Write your name and address on the reverse so we can return the card to you. Attach this card to the back of the mailpiece, front if space permits.

Addressed to: 9/20/12 B.M.

061
McDermott
Box 91
Monroeville, IL 62864

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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



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

4. Restricted Delivery? (Extra Fee) Yes

Number from service label) 7011 0110 0001 8270 1796

11, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION

Items 1, 2, and 3. Also complete Restricted Delivery if desired. Write your name and address on the reverse so we can return the card to you. Attach this card to the back of the mailpiece, front if space permits.

Addressed to: 9/20/12 B.M.

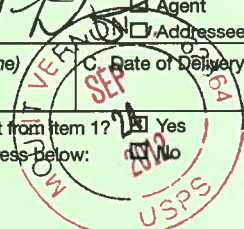
061
McDermott
McDermott Sales & Service
Box 91
Monroeville, IL 62864

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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



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

4. Restricted Delivery? (Extra Fee) Yes

Number from service label) 7011 0110 0001 8270 1819

11, February 2004 Domestic Return Receipt 102595-02-M-1540