A. Signature Complete items 1, 2, and 3. Also complete ☐ Agent More item 4 if Restricted Delivery is desired. □ Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece. 10-2-12 or on the front if space permits. D. Je delivery address different from item 1? 9/20/12 B.M. 1. Article Addressed to: ☐ No If YES, enter delivery address below: AC 2013-001 Anthony Koch 12909 Pipeline Road Carlyle, IL 62231 3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 0110 0001 8270 1826 (Transfer from service label) 7011

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

102595-02-M-1540