SENDER: COMPLETE THIS SECT. Complete items 1, 2, and 3. Also of item 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to year. Attach this card to the back of the or on the front if space permits. Acticle Addressed to: 1/10/13 AC 2013-022 William Braden 105 Lankin Road Harco, IL 62935	complete lred. le reverse ou. mailpiece,	A. Signature X C C C B. Received by (F MM BRA D. Is delivery addre If YES, enter del	SS different form	Agent
***	-	3. Service Type Certified Mail Registered Insured Mail	☐ Express Mail ☐ Return Receipt for Merc ☐ C.O.D.	chandise
2. Article Number (Transfer from service label) 7011	0110 000	4. Restricted Delivery	? (Extra Fee)	s
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