

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: 9/20/12 B.M.
 AC 2013-003
 E.G. Tabor
 3600 S.W. Adams Street
 Peoria, IL 61605

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1840

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

Sabbastian

C. Date of Delivery

9/25/12

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