

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: 3/7/13 B.M.

AC 2013-030
Michael & Janet Mileham
d/b/a Mike's Tire & Auto
Service
P.O. Box 349
Norris City, IL 62869

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

B. Received by (Printed Name)
Mike Mileham

☐ Agent
☐ Addressee

C. Date of Delivery
3-11-13

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

3. Service Type

☒ Certified Mail
☐ Registered
☐ Insured Mail

☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7011 0110 0001 8270 3295

Domestic Return Receipt

102595-02-M-154