

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, on the front if space permits.

Article Addressed to: 8/21/14 B.M.
2015-011
Susan A. & Susan E. Bergbower
33 N. 1425th Street
Evanston, IL 62448

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Susan Bergbower* Agent
 Addressee

B. Received by (Printed Name) *SUSAN BERGBOWER* C. Date of Delivery *8.25.2014*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Article Number (transfer from service label) 7014 0510 0001 5481 5547

Form 3811, July 2013 Domestic Return Receipt