

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                                 |
|--|---|---------------------------------|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> Randy Grant <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee  |                                 |
|  | B. Received by (Printed Name)<br>RANDY GRANT  | C. Date of Delivery<br>10/19/14 |
| 1. Article Addressed to: 10/2/14 BM<br>PCB 2007-145<br>Randy Grant<br>17235 Liberty School Road<br>Marion, IL 62959  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                                 |
|  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery |                                 |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                                 |
| 2. Article Number (Transfer from service label) 7014 0510 0001 5481 5868   |   |                                 |
| PS Form 3811, July 2013 Domestic Return Receipt  |   |                                 |

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| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><input checked="" type="checkbox"/> Randy Grant <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee  |                                 |
|  | B. Received by (Printed Name)<br>RANDY GRANT  | C. Date of Delivery<br>10/19/14 |
| 1. Article Addressed to: 10/2/14 B.M.<br>PCB 2007-145<br>Patricia Wallace<br>17235 Liberty School Road<br>Marion, IL 62959   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                                 |
|  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery |                                 |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                                 |
| 2. Article Number (Transfer from service label) 7014 0510 0001 5481 5844   |   |                                 |
| PS Form 3811, July 2013 Domestic Return Receipt  |   |                                 |