

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: 12/18/14 B.M.
PCB 2015-078
David Neisler, R.A.
Sun Ag, Inc.
2702 County Road 800 North
El Paso, IL 61738

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John Tyrrell*

Agent

Addressee

B. Received by (Printed Name)

John Tyrrell

C. Date of Delivery

12/22/14

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

PO Box 227

3. Service Type

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7014 0510 001 5481 9477

PS Form 3811, July 2013

Domestic Return Receipt