

**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: 1/8/15 B.M.  
PCB 2015-104  
Stephen A. Swanson  
6412 County Highway 9  
Lynn Center, IL 61262

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Don Hamore*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
1-16-15

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

2. Article Number  
(Transfer from service label) 7014 0510 0001 5481 9545