

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: 1/22/15 B.M.
AC 2015-014
Russell & Deborah Janssen
807 S. Daysville Road
Oregon, IL 61061

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Russell Janssen

B. Received by (Printed Name) C. Date of Delivery
RUSSELL JANSSEN 1-27-15

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

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 9613

PS Form 3811, July 2013

Domestic Return Receipt