

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: 5/21/15 B.M.
 PCB 2015-193
 Roger Smital
 Smital Farm
 2254 S. Gidds Road
 Kent, IL 61044

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Roger Smital Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Roger Smital | *5/29/15*

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 6384