

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: 4/2/15 B.M.
 AC 2015-032
 Jaime & Angela Hollon
 RR2, Box 170A
 Elizabethtown, IL 62931

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Angela Hollon* Agent Addressee

B. Received by (Printed Name) *Angela Hollon* C. Date of Delivery *6-3-15*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
RR2 Box 170

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 6339