

**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: 7/9/15 B.M.

AC 2014-022  
Roger Ray  
601 W. Jefferson  
Sullivan, IL 61951

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Linda Ray*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

LINDA RAY 7/15/15

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 6445

PS Form 3811, July 2013

Domestic Return Receipt