

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: 10/1/15 B.M.
PCB 2016-047 & PCB 2016-048
Peter Rousonelos
P.O. Box 211
Stronghurst, IL 61480

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Peter Rousonelos* Agent
 Addressee

B. Received by (Printed Name) *Peter Rousonelos* C. Date of Delivery *10/5/15*

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
(Trans.)

PS Form