

**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: 11/5/15 B.M.  
AC 2016-004  
Joe Bartle  
6205 Sacret Heart Road  
DuQuion, IL 62832

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Joe Bartle*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*JOE BARTLE* *11-10-15*

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