

**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: 2/4/16 B.M.  
PCB 2016-075  
Robert Young  
10086 Buckhart Road  
Cooper, IL 62563

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Robert Young*  Agent  Addressee

B. Received by (Printed Name) *Robert Young* C. Date of Delivery *2-9-16*

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

*Rockton IL 62563*

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  
(Track)

