

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| <ul style="list-style-type: none"> ■ 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. | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Betty Logan</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>4</i> <i>9-11-16</i></p> |
| <p>1. Article Addressed to: <i>4/7/16 B.M.</i></p> <p>PCB 2016-098</p> <p>Ed Logan</p> <p>P.O. Box 555</p> <p>Griggsville, IL 62340</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <hr/> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label) <i>7014 0510 0001 5481 8173</i></p> | |
| <p>PS Form 3811, July 2013 Domestic Return Receipt</p> | |