

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: 7/21/16 B.M.

AC 2014-006

John T. & Emily D. Howard
603 State Street
Lawrence, IL 62439

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Emily Howard*

Agent

Addressee

B. Received by (Printed Name)

Emily Howard

C. Date of Delivery

7-27-16

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 0443

PS Form 3811, July 2013

Domestic Return Receipt