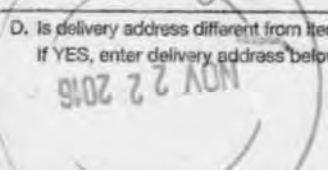
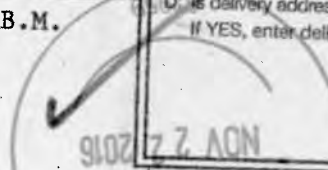


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 11/17/16 B.M. AC 2016-007 James R. and Linda K. Reicher 1301 Enterprise Way Suite 43, PO 1 Marion, IL 62959	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 
2. Article Number (Transfer from service label) 7014 0510 0001 5481 2119	3. Service Type <input checked="" type="checkbox"/> Certified Mail <sup>®</sup> <input type="checkbox"/> Priority Mail Express <sup>™</sup> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 11/17/16 B.M. AC 2016-007 Maribeth Whitsell, R.A. 1301 Enterprise Way Suite 43, PO 1 Marion, IL 62959-0000	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 
2. Article Number (Transfer from service label) 7014 0510 0001 5481 2140	3. Service Type <input checked="" type="checkbox"/> Certified Mail <sup>®</sup> <input type="checkbox"/> Priority Mail Express <sup>™</sup> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, July 2013 Domestic Return Receipt	