

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: 11/20/08 B.M.
 PCB 2007-148
 Richard A. Kuiken
 541 9th Street
 Caryle, IL 62231-1824

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 7676

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Denise M. Allister*

Agent

Addressee

B. Received by (Printed Name)

Denise M. Allister

C. Date of Delivery

11/26/08

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

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes