

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: 2/5/09 B.M.

AC 2009-030

William Collander
1410 State Street
Pekin, IL 61554

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 8178

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *William Collander* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

William Collander *2-9-09*

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