COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ 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. C. Date of Delivery 8. Received by (Printed Name) Attach this card to the back of the mailpiece. or on the front if space permits. D. Is delivery address different from item 1? Article Addressed to: 5/7/09 B.M. If YES, enter delivery address below: □ No AC 2009-034 Jack Campbell 412 North East Street Norris City, IL 62869 3. Service Type Certified Mall ☐ Express Mall Registered ☐ Return Receipt for Merchandise Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7008 1830 0003 9908 9595 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540