SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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. Acticle Addressed to: 7/23/09 B.M. AC 2009-045 Stanley Mouser 37984 Grapevine Trail P.O. Box 217 McClure, IL 62957	A. Signature X' Agent Agent Agent Agent Agent Agent Agent C. Date of Delivery Agent Agent
	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7008 1830 0003 9908 8864	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	