

**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: 11/5/09 B.M.

AC 2009-022

Bradley &amp; Carol Corzine

4735 St. Johns Road

Dongola, IL 62926

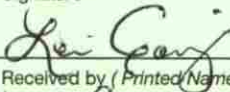
2. Article Number

*(Transfer from service label)*

7009 0960 00005942 0739

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X  Agent AddresseeB. Received by (*Printed Name*)

Lori Corzine

C. Date of Delivery

11-9-09

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