

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: 12/2/10 B.M.

PCB 2011-001

William H. Leesman

P.O. Box 100

Galt, IL 61037

COMPLETE THIS SECTION ON DELIVERY

A. Signature

William Leesman
 Agent
 Addressee

B. Received by (Printed Name)

William Leesman

C. Date of Delivery

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

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 4096