

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: 3/3/11 B.M.
 PCB 2011-049
 Donald Erickson
 104 West Berrien Street
 Altona, IL 61414

2. Article Number
(Transfer from service label)

7010 3090 0000 3626 9365

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Donald Erickson*

Agent

Addressee

B. Received by (*Printed Name*)

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