

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: 6/2/11 B.M.
 PCB 2008-010
 Jim Dunn
 Dunn's University BP
 P.O. Box 947
 Charleston, IL 61920-6947

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 8317

COMPLETE THIS SECTION ON DELIVERY

A. Signature

James Dunn

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-6-11

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