

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: 9/22/11 B.M.

AC 2011-028

Thad and Linda Shafer

984 US Route 40

JJewett, IL 62436

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 9475

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Thad Shafer

Agent

Addressee

B. Received by (Printed Name)

THAD SHAFER

C. Date of Delivery

9-26-11

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