

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: 11/3/11 B.M.
PCB 2012-015
Gary J. Szczeblewski
111 East Franklin Avenue
P.O. Box 564
Sesser, IL 62884

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 9727

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Sari Pollewski

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

11-7-11

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