

**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: 3/15/12 B.M.  
 AC 2011-024  
 Deanna Harris  
 P.O. Box 225  
 Opdyke, IL 62872

2. Article Number  
 (Transfer from service label)

70110110 0001 8270 0331

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *John Rosane*

Agent

Addressee

B. Received by (Printed Name)

*John Rosane*

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