SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Agent Print your name and address on the reverse so that we can return the card to you. B. Becelved by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, 06-16-6 or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: 6/7/12 B.M. If YES, enter delivery address below: AC 2012-050 Doug Johnson Tax Lien Investments 1811 W. Forestview Drive Sycamore, IL 60178 Service Type ☐ Express Mail ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Transfer from service label) 7('11 0110 0001 8270 1086

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