

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: 9/6/12 B.M.
 AC 2013-008
 State Bank of Chrisman -
 Trust 527
 600 W. Jasper Street
 Paris, IL 61944

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1734

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x

Bill Taylor

Agent

Addressee

B. Received by (Printed Name)

Bill Taylor

C. Date of Delivery

9-12-12

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

