COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature 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. B. Beceived by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? Article Addressed to: 9/20/12 B.M. If YES, enter delivery address below: ☐ No AC 2012-061 Joseph R. McDermott McDermott Towing & Recovery 11467 Ebenezer Road Mt. Vermon, IL 62864 3. Service Type Certified Mail □ Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Transfer from service label) 7011 0110 0001 8270 1802 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540