

SENDER: COMPLETE THIS SECTION

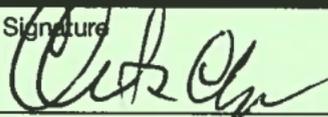
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 1/24/13 B.M.
 AC 2013-012
 David Chapman
 203 North Stemme
 Wilsonville, IL 62093

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

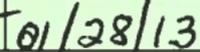


- Agent
 Addressee

B. Received by (Printed Name)



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

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 3035