

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: *BM, 8/22/13*

AC 2014-001

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Wanda L. Clark
Route 1, Box 14
Macedonia, IL 62860

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wanda Clark Agent Addressee

B. Received by (Printed Name) *WANDA CLARK* C. Date of Delivery *8-26-13*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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) *704 010 0001 8270 4940*