

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: 11/7/13 B.M.
AC 2014-004
Mark & Cheryl Rogers
17310 N. State Hwy 78
Canton, IL 61520

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Mark Rogers* Agent Addressee

B. Received by (*Printed Name*) *MARK ROGERS* C. Date of Delivery *11-7-13*

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 5541