

**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: 3/20/14 B.M.  
AC 2014-007  
John K. Croslow  
Croslow's Auto Repair  
1421 Lexington Avenue  
Lawrenceville, IL 62439

2. Article Number  
 (Transfer from service label) 7011 0110 0001 8270 6685

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature)  Agent  
 Addressee

B. Received by (Printed Name) Amanda Griggs  
C. Date of Delivery 4-14-14

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

Domestic Return Receipt

102595-02-M-1540