

**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: 4/3/14 B.M.  
 AC 2014-014  
 Flossie E. Hayes  
 505 Peacock Drive  
 Farina, IL 62838

2. Article Number

(Transfer from service label)

70110110 0001 8270 6593

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Flossie Hayes*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

*Flossie Hayes* *4-18-14*

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

**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: 4/3/14 B.M.  
 Kevin E. Stine  
 303 South Clay Street  
 Farina, IL 62838

*AC14-14*

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 6609

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Kevin Stine*  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

*Kevin Stine* *4-8-14*

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