




SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 12/4/14 B.M. AC 2015-001 Dale White P.O. Box 7 Dehlgren, IL 62828	B. Received by (Printed Name)	C. Date of Delivery
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">             DEC 12 2014           </div>	
2. 	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
3. 	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	