

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: 11/21/13 B.M.
AC 2012-020
Robert Shelby, R.A.
Shelby & Sonds, Inc.
4319 State Highway 37 North
West Frankfort, IL 62896

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Robert Shelby Addressee

B. Received by (Printed Name) C. Date of Delivery
Robert Shelby 11-25-13

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 5671

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540