

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete Restricted Delivery if desired. Print name and address on the reverse so we can return the card to you. Attach this card to the back of the mailpiece, if space permits.

Delivered to: 1/21/16 B.M.

120

Debra L. Barker

Box 297 B

Chicago, IL 62859

John H+
AC 13-20

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Debra Barker Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

(Postage label) 7014 0510 0001 5481 8630

July 2013

Domestic Return Receipt