

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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: 6/5/14 B.M.  
AC 2014-045  
Benjamin Raleigh & Rose Mary  
Raleigh  
1560 Coal Road  
Colchester, IL 62326

A. Signature  Agent  
 Addressee

X Benjamin Raleigh

B. Received by (Printed Name)  
Benjamin Raleigh

C. Date of Delivery  
6-17-14

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

PO Box 347  
Colchester IL 62326

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 7217