

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: 6/19/14 B.M.
AC 2014-049
Tom Maxwell
Walker Tire
430 W. Clinton Avenue
Farmer City, IL 61842

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Tom Maxwell Addressee

B. Received by (Printed Name) C. Date of Delivery
Tom Maxwell *6-23-14*

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

2. Article Number
(Transfer from service label) 7011 0110 0001 8270 7361

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540