

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: 6/21/18 B.M.
AC 2018-013
Brandon R. Walker, R.A.
Walker & Sons Enterprises, Ltd.
421 E. Moneta Avenue
Peoria Heights, IL 61614

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Walker Addressee

B. Received by (Printed Name) Agent
C. Date of Delivery Addressee
Received 7/1/18

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
JUL 11 2018
STATE OF ILLINOIS
Post Office

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label) 7014 0510 0001 5481 3154