

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: 8/21/14 B.M.
AC 2015-003
Jamie & Angela Hollon
R.R.2, Box 170A
Elizabethtown, IL 62931

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Angela Hollon

- Agent
 Addressee

B. Received by (Printed Name)

Angela Hollon

C. Date of Delivery

8-26-14

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)

7014 0510 0001 5481 5257

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

