

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: 2/20/14 B.M.
PCB 2014-060
William Blankenship
8494 Old Route 13
Marion, IL 62959

COMPLETE THIS SECTION ON DELIVERY

A. Signature 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 Express Mail
 Certified Mail Return Receipt for Merchandise
 Registered C.O.D.
 Insured Mail

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7011 0110 0001 8270 6579

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt

FEB 25 2014