

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: 8/6/15 B.M.
AC 2015-031
George William "Bill" Collins
10603 Bencie Lane
West Frankfort, IL 62896

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Bill Collins

Agent
 Addressee

B. Received by (Printed Name)

Bill Collins

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express®
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



2. Article Number

(Transfer from service label)

7014 0510 0001 5481 6797

PS Form 3811, July 2013

Domestic Return Receipt