

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: 1/23/14 B.M.

PCB 2014-040
William H. Roach, Jr.
St. Elizabeth's Hospital
4936 Laverna Road
Springfield, IL 62707

COMPLETE THIS SECTION ON DELIVERY

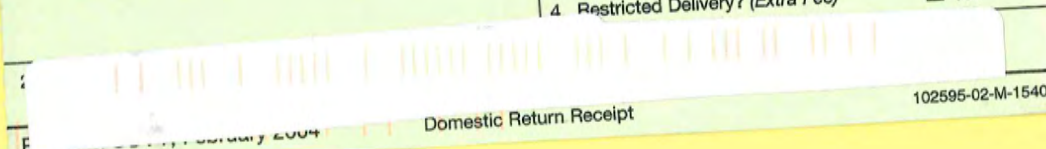
A. Signature Agent
X *Janet Zimmerli* Addressee

B. Received by (Printed Name) C. Date of Delivery
1-27

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



Domestic Return Receipt

102595-02-M-1540