

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <input checked="" type="checkbox"/> <i>Brenda Kuntz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 5/1/08 B.M. PCB 2008-077 Rollyn Kuntz 9263 N. 1290 E. Rd. Chenoa, IL 61726	B. Received by ( <i>Printed Name</i> ) <i>Brenda K. Kuntz</i> C. Date of Delivery <i>5-6-08</i>
2. Article Number (Transfer from service label) 7007 3020 0000 4630 6163	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes