

**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: 11/21/02 B.M.  
AC 03-10  
Bobby Keller  
3931 Route 66  
Mount Olive, IL 62069

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** *Bobby Keller*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Bobby Keller* 12-9-02

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.