

**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: 1/22/09 B.M.  
 PCB 2008-102  
 City of Coffeen  
 John E. Evans  
 106 E. Wood Street  
 Hillsboro, IL 62049

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 8109

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Regena Kasten*

Agent

Addressee

B. Received by (Printed Name)

*Regena Kasten*

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

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes