SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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: 10/1/09 B.M. PCB 2009-122 Greg Howard Gold Star FS, Inc. 101 N. East Street P.O. Box 79 Cambridge, IL 61238-0079	A. Signature X. Mobel People Agent Addressee B. Received by (Printed Name) C. Date of Delivery 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
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7009 0960 0000 5942 0623	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540