

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: 11/5/09 B.M.
 PCB 2010-028
 Ronald Lemman
 1389 County Road 1600N
 Roanoke, IL 61561

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 0982

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Randy Leman*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/9/09

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