

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: 1/21/10 B.M.

PCB 2009-022

William Warren

2890 Governors Drive

P.O. Box 189

Carlyle, IL 62231

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X William Warren Agent Addressee

B. Received by (Printed Name)

WILLIAM WARREN

C. Date of Delivery

*01-25-10*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

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 1590