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 malipiece, or on the front if space permits. 	A. Signature X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1. Article Addressed to: 4/1/2010 B.M. AC2008-001 Carol G. Prieb 405 Barkhausen Lane Jonesboro, IL 62952	D. Is delivery address different from item 1/2 Pes If YES, enter delivery address below: PoBy 887
	3. Service Type Certified Mall Registered Receipt for Merchandise Insured Mall C.O.D. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7009-0960-0000-5942-2108: (Transfer from service label)	
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540