

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: 4/21/11 B.M.

PCB 2011-038

Mark Orr

Bureau Service Company

22069 US Highway 34

Princeton, IL 61356

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 7983

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Emmerson

 Agent AddresseeB. Received by (*Printed Name*)

Emmerson

C. Date of Delivery

4/27/11

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