

**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: 5/19/11 B.M.  
 PCB 2010-109  
 James E. Meason  
 113 W. Main Street  
 Rockton, IL 61072-2416

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 8133

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*J. Heil*

Agent

Addressee

B. Received by (Printed Name)

J. Heil

C. Date of Delivery

5/23/11

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