

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: 6/2/11 B.M.
 PCB 2005-014
 Rich Black
 P.O. Box 1984
 2 Forest Hills Drive
 Fairview Heights, IL 62208

2. Article Number
 (Transfer from service label)

7011 0110 0001 8269 8386

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

Rich Black

C. Date of Delivery

6-15-11

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

1

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes