

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: 9/8/11 B.M.
 PCB 2012-031 & PCB 2012-032
 Jeff and Mitzi Sharer
 RR2, Box 95
 Little York, IL 61453

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 9451

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Mitzi Sharer* Agent
 Addressee

B. Received by (Printed Name)

Mitzi Sharer

C. Date of Delivery

9-15-11

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

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

Yes