

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: 5/17/12 B.M.
 AC 2012-042 & AC 2012-043
 John K. Croslow
 1045 Madison Street
 Bridgeport, IL 62417

2. Article Number -

(Transfer from service label)

7011 0110 0001 8270 0867

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *John K Croslow* Agent
 Addressee

B. Received by (Printed Name)

John K Croslow

C. Date of Delivery

5/25/12

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