COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
items 1, 2, and 3. Also complete lestricted Delivery is desired. name and address on the reverse can return the card to you. s card to the back of the mailpiece, front if space permits.	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
ressed to: 9/20/12 B.M. -061 McDermott x 91 rnon, IL 62864	D. Is delivery address different from item 19 1 Yes if YES, enter delivery address below: No USPS
	3. Service Type Certified Mail Registered Results Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
om service label) 7011 0110 0001 8270 1796	
11, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540
COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
te items 1, 2, and 3. Also complete Restricted Delivery is desired. ur name and address on the reverse we can return the card to you. his card to the back of the mailpiece, e front if space permits.  iddressed to: 9/20/12 B.M. 2-061 McDermott ott Sales & Service	A. Signature  Agent  Addressee  B. Received by (Printed Name)  D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:
ox 91 rnon, TL 62864	2 Sandon Timo
rnon, IL 62864	3. Service Type

ımber from service label) 7011 0110 0001 8270 1819

Certified Mail

☐ Registered

☐ Insured Mail

4. Restricted Delivery? (Extra Fee)

☐ Express Mail

☐ C.O.D.

☐ Return Receipt for Merchandise

☐ Yes