

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: 3/7/13 B.M.
AC 2013-030
Michael & Janet Mileham
d/b/a Mike's Tire & Auto
Service
P.O. Box 349
Norris City, IL 62869

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

7011 0110 0001 8270 3295

COMPLETE THIS SECTION ON DELIVERY

- Agent
- Addressee

A. Signature
[Handwritten Signature]

B. Received by (Printed Name)
[Handwritten Name]

C. Date of Delivery
3-11-13

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

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

4. Restricted Delivery? (Extra Fee) Yes