

**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: 8/21/14 B.M.  
AC 2015-004  
Edward J. Burgess  
540 East 2nd South Street  
Tamaroa, IL 62888

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Edward J. Burgess*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Edward J. Burgess* 9-3-14

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

2. Article  
(Transit)  
PS For

102595-02-M-1540

