

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: 6/19/14 B.M.
AC 2014-048
Paul J. Weaver
Rogers & Associates
1342 W. 100 N. Road
Princeton, IN 47670

2. Article
(Trans
PS Form

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Anna Elleman 6/23/14

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

JUN 23 2014

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

Yes

PS Form 3800, 2595-02-M-1540