

**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.

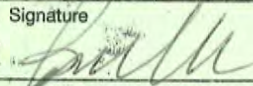
1. Article Addressed to: 8/6/15 B.M.

AC 2015-031  
Paula Newcomb  
Newcomb Law Office  
503 Public Square  
P.O. Box 753  
Benton, IL 62812-0753

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X



Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/15

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

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes