

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|---------------------------------------|
| <ul style="list-style-type: none"> 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. | A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| | B. Received by (Printed Name) KAMERON A MILLER | C. Date of Delivery 7-29-13 |
| 1. Article Addressed to: 7/25/13 B.M. AC 2012-052 Kameron A. Miller P.O. Box 172 88 S. Madison Street Carthage, IL 62321 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | |
| 2. Article Number (Transfer from service label) 7011 0110 0001 8270 4612 | | |
| PS Form 3811, February 2004 | Domestic Return Receipt | 102595-02-M-1540 |

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| | B. Received by (Printed Name) Joe Cole | C. Date of Delivery 7-29-13 |
| 1. Article Addressed to: 7/25/13 B.M. AC 2012-052 Joe Cole, President J & R Tire Service, Inc. 320 Quincy Road Carthage, IL 62321 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | |
| 2. Article Number (Transfer from service label) 7011 0110 0001 8270 4605 | | |
| PS Form 3811, February 2004 | Domestic Return Receipt | 102595-02-M-1540 |

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| | B. Received by (Printed Name) Chris Cole | C. Date of Delivery 7-29-13 |
| 1. Article Addressed to: 7/25/13 B.M. AC 2012-052 Joe D. Cole, R.A. J & R Tire Service, Inc. 27 N. Madison Street Carthage, IL 62321 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | |
| 2. Article Number (Transfer from service label) 7011 0110 0001 8270 4599 | | |
| PS Form 3811, February 2004 | Domestic Return Receipt | 102595-02-M-1540 |