

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: 12/19/13 B.M.
 AC 2012-053
 Tabitha Booten
 C & T Recycling
 3900 Alum Cave Road
 Marion, IL 62959-9670

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 5961

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

Tabitha Booten 12-23-13

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

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 AC 2012-053
 Todd Booten
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 3900 Alum Cave Road
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COMPLETE THIS SECTION ON DELIVERY

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Agent

Addressee

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Todd Booten 12-23-13

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 If YES, enter delivery address below: No

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Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 5954

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540