

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>[Signature]</i> <span style="float: right;"><b>6-10-13</b></span></p>
<p>1. Article Addressed to: <b>6/6/13 B.M.</b>  AC 2013-040  Mark Johnson  M J Tire Service  1782 CR 2350 North  Grayville, IL 62844</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label) <b>7011 0110 0001 8270 4162</b></p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	

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<p>1. Article Addressed to: <b>6/6/13 B.M.</b>  AC 2013-040  Lloyd Schoenheit  P.O. Box 190  Grayville, IL 62844</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label) <b>7011 0110 0001 8270 4179</b></p>	
<p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-M-1540</span></p>	