

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: 8/21/14 B.M.
 PCB 2015-015 & PCB 2015-016
 Charles Leary
 RR# 1, Box 44
 Little York, IL 61453-9502

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 James F Leary Addressee

B. Received by (Printed Name) C. Date of Delivery
Leary L Leary 8/25

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

2. Article Number (Transfer from service label) 7014 0510 0001 5481 5578