

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: 8/8/13 B.M.
PCB 2014-012
Brian Ingram
RR# 3, Box 126
Mount Sterling, IL 62353

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *B Ingram*

- Agent
- Addressee

B. Received by (Printed Name)

B Ingram

C. Date of Delivery

8/14/13

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

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 4919

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540