

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: *BM 862-13*

PCB 2014-015
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Jeff Borgic
4204 N. 1600th Street
Newton, IL 62448

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Kelly Borgic Addressee

B. Received by (Printed Name) C. Date of Delivery
8-26-13

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 4971*