

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: 7/24/14 B.M.
PCB 2015-004
John J. Sauder
506 N. Third St.
P.O. Box 648
Roanoke, IL 61561

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *John J. Sauder* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
JOHN J. SAUDER 7/28/14

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) 7014 0510 0001 5481 0214

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540