

**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: 6/5/14 B.M.  
AC 2014-047  
Robert Frazier  
3939 Farmington Drive  
Champaign, IL 61822-9311

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Ellen Frazier*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Ellen Frazier* *6/11/14*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

*3909 FARMINGTON  
CHAMPAIGN, IL 61822*

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 7224

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt