

Batka *WU-165 (MC)* *ADM*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 		A. Signature <i>X</i> <i>Jeffrey Sprague</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Jeffrey Sprague P.O. Box 442 Argenta, Illinois 62501		B. Received by (Printed Name) <i>Jeffrey Sprague</i>	C. Date of Delivery <i>9/24/14</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7011 1150 0000 2642 9102	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

U.S. Postal Service™ *Batka ADM*
CERTIFIED MAIL™ RECEIPT *WU-165*
(Domestic Mail Only; No Insurance Coverage Provided) *WIS*

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 2.66
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	8.66

Jeffrey Sprague
P.O. Box 442
Argenta, Illinois 62501

Postmark Here
SEP 24 2014

for Instructions

7011 1150 0000 2642 9102