

WEST BAY EXPLOSION

UIC 13-01+13-02

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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  
 *Peter Bormuth*  Agent  
 Addressee

B. Received by (Printed Name) *Peter Bormuth* C. Date of Delivery *1-24-13*

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

1. Article Addressed to:

Peter Bormuth  
 142 W. Pearl St.  
 Jackson, MI 49201

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) **7003 1680 0000 5220 4923**