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 Agent Addressee B. Received by (Printed Name) C. Cate of Delivery D. Is delivery address different from item 1 2 Yes
Jeffrey Sprague P.O. Box 442 Argenta, IL 62501	if YES, enter delivery address below: A HECEIV
	3. Service Type Certified Mail Registered Insured Mail C.O.D. 4. Restricted Delivery? (Stra Fee) Type Typ
2. Article Number (Transfer from service label) 7008 3230 0000 9457 2330	
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