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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 Address B. Received by (Printed Name) C. Date of Delive 3-3-0 { D. Is delivery address different from item 1?
1. Article Addressed to: 15CA-07-2008-0009 Keith C. Newcomb	If YES, enter delivery address below:
PO Box 981 Bolivar, Missouri 65613	3. Service Type Certified Mall
	LI Insured Mail L. C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7004 2510 000	4. Restricted Delivery? (Extra Fee)

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