

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: 82501

* 01-99 /
 Andrew J. Phillips
 Yakes, Bauer ~~Kredit~~ & Phillips
 141 N. Sawyer Street
 Oshkosh, WI 54902-

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Cindy Peters B. Date of Delivery 9-4-01

C. Signature Cindy Peters Agent Addressee

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

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 (Copy from service label)
0023 8169 0194

7000 0600 0023 8169 0144

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: _____

Postage	\$.34
Certified Fee	210
Return Receipt Fee (Endorsement Required)	150
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.94

Postmark Here

Name (Please Print Clearly) (to be completed by mailer)
Michael Bezeal

Street, Apt. No., or PO Box No.
59 South Terrace Avenue

City, State, ZIP+4
Mount Vernon, NY 10550

PS Form 3811, July 1999 See Reverse for Instructions