

Scanned by <i>Bernith Barber</i>	Date <i>10/14/10</i>	Doc ID # <i>11861</i>
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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:

*MR. KIRK PAGE
W.A. PAGE ACB SITE
300 VFW ROAD
SWANSBORO, NORTH CAROLINA 28584*

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
William K Page *10-13-10*

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

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) *J.B.* **7008 0150 0000 3068 3919**