

**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: 6/5/14 B.M.  
PCB 2014-109  
William D. Ingersoll  
Brown, Hay & Stephens LLP  
205 South Fifth Street, Ste. 700  
P.O. Box 2459  
Springfield, IL 62705-2459

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Handwritten Signature]*  Addressee

B. Received by (*Printed Name*) C. Date of Delivery  
*[Handwritten Name]* *[Handwritten Date]*

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*) 7011 0110 0001 8270 7309

102595-02-M-1540