

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: 5/24/18 B.M. PCB 2017-001 Patrick D. Shaw Law Office of Patrick D. Shaw 80 Bellerive Road Springfield, IL 62704	B. Received by (Printed Name) PATRICK D. SHAW	C. Date of Delivery JUL 03 2018 CLERK'S OFFICE
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PS Form 3811, July 2013	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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