COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. □ Agent ☐ Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? \ Yes 1. Article Addressed to: 6/21/12 F.M. If YES, enter delivery address below: PCB 2011-051 Patrick D. Shaw Mohan, Alewelt, Prillaman & Adami First of America Center 3. Service Type Certified Mail ☐ Express Mail 1 North Old State Capitol Plaza ☐ Return Receipt for Merchandise T Registered Suite 325 ☐ Insured Mail C.O.D. Springfield, IL 62701-1323 Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Transfer from service label) 7011 0001 8270 1192 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540