## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Addressee ■ Print your name and address on the reverse C. Date of Delivery so that we can return the card to you. Attach this card to the back of the mailpiece, 9.2412 hery A Nordstram or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: 1. Article Addressed to: 9/20/12 B.M. PCB 2013-009 Brian J. Meginnes Elias, Meginnes, Riffle & Seghetti, P.C. 3. Service Type 416 Main Street Certified Mail ☐ Express Mail Suite 1400 ☐ Return Receipt for Merchandise Registered Peoria, IL 61602-1153 ☐ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7011 0110 0001 8270 1949 (Transfer from service label) 102595-02-M-1540 Domestic Return Receipt S Form 3811, February 2004

Received by (Printed Names C. Date of Delivery
s delivery address different from 1?
Service Type  Certified Mail
Restricted Delivery? (Extra Fee) Yes
270 1956
f Section 1