

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: 3/7/13 B.M.
AC 2013-032
James H. Schultz
Nico Development Groups, Inc.
329 18th Street
Suite 400
Rock Island, IL 61201

2. Article Number
(Transfer from service label)

7011 0110 0001 8270 3301

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Sherry D. Bailey

☐ Agent

☐ Addressee

B. Received by (Printed Name)

S. Bailey

C. Date of Delivery

3-12-13

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

Domestic Return Receipt

102595-02-M-1541