

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: 7/25/13 B.M.
PCB 2012-021
Thomas J. Immel
Feldman, Wasser, Draper & Cox
1307 S. Seventh St.
P.O. Box 2418
Springfield, IL 62705

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 4780

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *T. Feldman*

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/1/13

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-02-M-1540