

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 9/19/13 B.M. PCB 2013-022 Brian J. Meginnes Elias, Meginnes, Riffle & Seghetti, P.C. 416 Main Street Suite 1400 Peoria, IL 61602-1153	B. Received by (Printed Name) X <i>Brian Megin</i>	C. Date of Delivery <i>9-23-13</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7011 0110 0001 8270 5237		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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1. Article Addressed to: 9/19/13 B.M. PCB 2013-022 David B. Wiest Hasselberg, Williams, Grebe, Snodgrass & Birdsall 124 SW Adams, Suite 360 Peoria, IL 61602-1320	B. Received by (Printed Name) <i>D Edwards</i>	C. Date of Delivery <i>9-23-13</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7011 0110 0001 8270 5268		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540