

**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: 11/7/13 B.M.  
PCB 2014-031  
Roby Reese  
Duff & Phelps  
14850 Quorum Drive  
Suite 500  
Dallas, TX 75254

2. Article Number  
(Transfer from service label)

7011 0110 0001 8270 5657

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *J Vamvas*

- Agent  
 Addressee

B. Received by (Printed Name)

*J Vamvas*

C. Date of Delivery

*11/12/15*

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-1540