

## 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: 6/5/14 B.M.  
PCB 2006-189  
Fred Prillaman  
Mohan, Alewelt, Prillaman &  
Adami  
First of America Center  
1 North Old State Capitol Plaza  
Suite 325  
Springfield, IL 62701-1323

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 7248

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Terry Gaddis*☐ Agent  
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

JUN 11 2014

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

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1. Article Addressed to: 6/5/14 B.M.  
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