

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. 	<p>A. Signature X <i>Terry Prillaman</i> <input type="checkbox"/> Agent Addressee</p> <p>B. Received by (<i>Printed Name</i>)</p> <p>C. Date of Delivery JUL 28 2014</p>	
<p>1. Article Addressed to: 7/24/14 B.M. AC 2012-041 Fred C. Prillaman Mohan, Alewelt, Prillaman & Adami First of America Center 1 North Old State Capitol Plaza Suite 325 Springfield, IL 62701-1323</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7011 0510 0001 5481 0092</p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		