

**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: 7/24/14 B.M.  
PCB 2014-125  
William D. Ingersoll  
Brown, Hay & Stephens LLP  
205 South Fifth Street, Ste. 700  
P.O. Box 2459  
Springfield, IL 62705-2459

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *William D. Ingersoll*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
7/31/14

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

2. Article Number  
(Transfer from service label)

7014 0510 0001 5481 0184

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540