

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: 8/21/14 B.M.
 PCB 2012-124
 Robert M. Riffle
 Law Office of Robert M. Riffle
 133A S. Main Street
 Morton, IL 61550

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X Whitney Kruse

B. Received by (Printed Name) Date of Delivery
Whitney Kruse *8/21/14*

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

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 5370

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540