

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: **9/4/14 B.M.**
PCB 2012-134
Robert M. Riffle
Law Office of Robert M. Riffle
133A S. Main Street
Morton, IL 61550

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Jennifer Walker Agent
 Addressee

B. Received by (Printed Name) *Jennifer Walker* C. Date of Delivery *9/4/14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label) **7014 0510 0001 5481 5653**