

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: 8/6/15 B.M.
PCB 2015-095, PCB 2015-123 &
PCB 2015-163
Patrick D. Shaw
Law Office of Patrick D. Shaw
80 Bellerive Road
Springfield, IL 62704

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Patrick D. Shaw* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
PATRICK D SHAW 8/11

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 6858