

SENDER: CC

- 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: 1/21/16 B.M.
PCB 2016-052
Patrick D. Shaw
Law Office of Patrick D. Shaw
80 Bellerive Road
Springfield, IL 62704

X *Patrick D. Shaw* Agent
 Addressee

B. Received by (Printed Name)
P. Shaw

C. Date of Delivery
1/20

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

P.D.S.

3. Service Type

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery Yes

2.

PS

Domestic Return Receipt