

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: 4/7/16 B.M.
PCB 1999-134
Stephen F. Hedinger
Sorling, Northrup, Hanna,
Cullen & Cochran, Ltd.
1 North Old State Capitol Plaza
Suite 200
P.O. Box 5131
Springfield, IL 62705

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Nicole J. Lael Agent Addressee

B. Received by (Printed Name) Nicole J. Lael C. Date of Delivery APR 12 2016

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

3. Service Type ^{PS}
 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 8128