

**ORDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

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.

A. Signature  Agent  
 *Seraya Woods*  Addressee

B. Received by (Printed Name)  Agent  
*Seraya Woods* C. Date of Delivery  Addressee  
*APR 11 2016*

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

1. Article Addressed to: 4/7/16 B.M.  
PCB 2016-069 & PCB 2016-070  
William D. Ingersoll  
Brown, Hay & Stephens  
205 South Fifth Street  
Suite 700  
P.O. Box 2459  
Springfield, IL 62705-2459

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 8159

PS Form 3811, July 2013

Domestic Return Receipt