

SENDER: 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
 S. Holloway Addressee

B. Received by (Printed Name) C. Date of Delivery
S. Holloway *6-20-16*

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

1. Article Addressed to: *6/16/16 B.M.*
AC 2015-036
Gary A. Peters
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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 0283