

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: 10/27/16 B.M.
PCB 2017-006
Bill Stengel
Stengel, Bailey & Robertson
100 17th Street
Suite 405
Rock Island, IL 61201

2. Article Number

(Transfer from service label)

7014 0510 0001 5481 2096

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Melissa White Agent
 Addressee

B. Received by (Printed Name)

Melissa White

C. Date of Delivery

10-31-16

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

Domestic Return Receipt