

FR: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Write your name and address on the reverse of this card so that we can return the card to you. Attach this card to the back of the mailpiece, with the front of the card facing the front of the mailpiece if space permits.

Addressed to: 11/17/16 B.M.
 2016-103
 Patrick D. Shaw
 Office of Patrick D. Shaw
 Ellerslie Road
 Springfield, IL 62704

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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