

**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: 1/19/17 B.M.  
PCB 2016-066  
William D. Ingersoll  
Brown, Hay & Stephens LLP  
205 South Fifth Street  
P.O. Box 2459  
Suite 700  
Springfield, IL 62705

2. Article Number  
(Transfer from service label)  
PS Form 3811, July 2013

7014 0510 0001 5481 0672

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Brett Vicari*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Brett Vicari* JAN 25 2017

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