

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: 4/12/17 B.M.
PCB 2016-021
Peter D. Coblentz
Rosenthal, Murphey, Coblentz
& Donahue
30 N. LaSalle Street
Suite 1624
Chicago, IL 60602

2. Article Number

(Transfer from service label)

7014 0510 0001 5481 1136

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Janice Hill*

Agent

Addressee

B. Received by (Printed Name)

Janice Hill

C. Date of Delivery

4/14/17

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