

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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 X <u>Kelly Vaughan</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <u>7/1/10 B.M.</u> PCB 2010-045 Patrick D. Shaw Mohan, Alewelt, Prillaman & Adami First of America Center 1 North Old State Capitol Plaza Suite 325 Springfield, IL 62701-1323	B. Received by (Printed Name)	C. Date of Delivery <u>7-6-10</u>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <u>7009 0960 0000 5942 2856</u>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		