## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature 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. Received by (Printed, Name) C. Date of Delivery Attach this card to the back of the mailpiece, p dolli 08-27.17 or on the front if space permits. D. Is delivery address different from item 12 | P 1. Article Addressed to: 8/23/12 B.M. If YES, enter delivery address below: PCB 2013-133 Richard Palmer Ward, Murray Pace & Johnson, P.C. 202 East Fifth Street 3. Service Type Certified Mail ☐ Express Mail P.O. Box 400 ☐ Registered ☐ Return Receipt for Merchandise Sterling, IL 61081 ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Transfer from service label) 7011 0110 0001 8270 1703

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004