SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY 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. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: 11/15/12 B.M. ☐ No If YES, enter delivery address below: PCB 2012-127 Patrick D. Shaw Mohan, Alwelt, Prillaman & Adami First of America Center 3. Service Type Certified Mail ☐ Express Mail 1 North Old State Capitol Plaza Registered ☐ Return Receipt for Merchandise Suite 325 ☐ Insured Mail COD. Springfield, IL 62701-1323 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number

(Transfer from service label) 7
PS Form 3811, February 2004

04 Domestic Return Receipt

8270 2311

7011

102595-02-M-1540