

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: 12/7/17 B.M.
PCB 2017-056
Claire A. Manning
Brown, Hay & Stephens, LLP
205 South Fifth Street, Ste. 700
P.O. Box 2459
Springfield, IL 62705-2459

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 2539

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Brett Vicari* Agent
 Addressee

B. Received by (Printed Name) *Brett Vicari*

C. Date of Delivery
DEC 12 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

Domestic Return Receipt