

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: 3/20/14 B.M.
 AC 2013-034
 Robert M. Riffle
 Law Office of Robert M. Riffle
 133A S. Main Street
 Morton, IL 61550

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Lauren Singley Agent Addressee

B. Received by (Printed Name) *Lauren Singley* C. Date of Delivery *4/14/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label) 7011 0110 0001 8270 6678

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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: 3/20/14 B.M.
 AC 2013-034
 Phil Mumford,
 Colonial Brick Co., Inc.
 2222 S. Halsted Street
 Chicago, IL 60608

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Phil Mumford Agent Addressee

B. Received by (Printed Name) *Phil Mumford* C. Date of Delivery *4/15/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label) 7011 0110 0001 8270 6661

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540