

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: 5/24/18 B.M.
PCB 2017-001
Patrick D. Shaw
Law Office of Patrick D. Shaw
80 Bellerive Road
Springfield, IL 62704

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
X *Patrick D. Shaw* ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
PATRICK D. SHAW

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

CLERK'S OFFICE
JUL 02 2018

3. Service Type ☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 3147

PS Form 3811, July 2013

Domestic Return Receipt