

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: 1/9/14 B.M.
PCB 2012-053
Patrick D. Shaw
Mohan, Alewelt, Prillaman &
Adami
First of America Center
1 North Old State Capitol Plaza
Suite 325
Springfield, IL 62701-1323

2. Article Number
(Transfer from service label)

7011 0110 0001 8270 6234

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Jerry Gaddis

- Agent
 Addressee

B. Received by (Printed Name)

Jerry Gaddis

C. Date of Delivery

JAN 14 2014

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

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-1540