

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: 11/1/18 B.M.
AS 2018-001
Brian J. Meginnes
Elias, Meginnes & Seghetti, P.C.
416 Main Street, Suite 1400
Peoria, IL 61602-1153

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Matthew J. Solata Addressee
B. Received by (Printed Name) C. Date of Delivery

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

NOV 15 2018

STATE OF ILLINOIS
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 7014 0510 0001 5481 3468
(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	A. Signature X <i>Matthew J. Seidell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 11/1/18 B.M. AS 2018-001 Janaki Nair Elias, Meghinnes & Seghetti, P.C. 416 Main Street Suite 1400 Peoria, IL 61602-1153	B. Received by (Printed Name)	C. Date of Delivery 11-5-18
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No RECEIVED CLERK'S OFFICE NOV 15 2018 STATE OF ILLINOIS Election Control Board	
PS Form 3811, July 2013	3. Service type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7014 0510 0001 5481 3475 Domestic Return Receipt	