

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: 6/5/14 B.M.
PCB 2010-052
David K. Cox
Cox Law Office
112 West Washington Street
Monticello, IL 61856

2. Article Number
(Transfer from service label)

7011 0110 0001 8270 7255

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *R. Ennis* Agent
 Addressee

B. Received by (Printed Name) *R. Ennis* C. Date of Delivery *6/5/14*

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

*110 N Charles St
61856*

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

4. Restricted Delivery? (Extra Fee) Yes