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: 4/7/16 B.M.

PCB 2016-037
Anthony B. Cameron
Attorney at Law
529 Hampshire Street
Suite 511
Quincy, IL 62301

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Linda Meade ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery 4/7

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

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 8135

PS Form 3811, July 2013 Domestic Return Receipt