

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: 7/24/14
PCB 2011-059 & PCB 2011-061
Robert M. Riffle
Law Office of Robert M. Riffle
133A S. Main Street
Morton, IL 61550

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Lauren Singly Addressee

B. Received by (Printed Name) C. Date of Delivery
Lauren Singly 7-28-14

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

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 0139

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540