

**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: 11/7/13 B.M.  
 PCB 2014-029 & PCB 2014-030  
 Toby Reese  
 Duff & Phelps, LLC  
 14850 Quorum Drive  
 Suite 500  
 Dallas, TX 75254

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
 X *J Van*

B. Received by (*Printed Name*) C. Date of Delivery  
*J Vanva* 11/12/13

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*) 7011 0110 0001 8270 5640

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540