

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: 4/17/14 B.M.
PCB 2014-034
Robert C. Wilson
Law Office of Robert C. Wilson
117 West Poplar Street
P.O. Box 544
Harrisburg, IL 62946

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Melissa Mitchell* Agent Addressee

B. Received by (Printed Name) *Melissa Mitchell* C. Date of Delivery *4-23-14*

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)

7011 0110 0001 8270 6838

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt