

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: 1/23/14 B.M.
PCB 2011-025
Patrick D. Shaw
Mohan, Alewelt, Prillaman &
Adami
First of America Center
1 North Old State Capitol Plaza
Suite 325
Springfield, IL 62701-1323

2. Article Number
(Transfer from service label)

7011 0110 0001 8270 6456

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Terry Gaddis*

Agent

Addressee

B. Received by (Printed Name)

Terry Gaddis

C. Date of Delivery

1-28-14

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

102595-02-M-1540