

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: 11/17/11 B.M.
 PCB 2012-028
 James A. Hansen
 Schmiedeskamp, Robertson, Neu
 & Mitchell, LLP
 525 Jersey Street
 P.O. Box 1069
 Quincy, IL 62306

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Senny Johnson* Agent Addressee

B. Received by (Printed Name)

Senny Johnson

C. Date of Delivery

11-25-11

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 8269 9772