

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: 1/5/12 B.M.
 PCB 2011-034
 Robert M. Riffle
 Elias, Meginnis, Riffle &
 Seghetti, P.C.
 416 Main Street
 Suite 1400
 Peoria, IL 61602-1153

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 0225

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *RA* Agent Addressee

B. Received by (Printed Name)

x *Brian Meginnis*

C. Date of Delivery

1/9/12

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