

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.
 AS 2013-~~014~~ 004
 William D. Ingersoll
 Brown, Hay & Stephens, LLP
 205 South Fifth Street
 Suite 700
 P.O. Box 2459
 Springfield, IL 62705-2459

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Erin Paloran Addressee

B. Received by (*Printed Name*) C. Date of Delivery
Erin Paloran JAN 28 2014

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 6388