

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: 3/17/16 B.M.
AC 2015-024
John J. McCarthy
45 East Side Square
Suite 301
Canton, IL 61520

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 7947

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

- Agent
 Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

3/21/16

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt