

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: 6/21/18 B.M.
PCB 2017-084
Patrick D. Shaw
Law Office of Patrick D. Shaw
80 Bellerive Road
Springfield, IL 62704

2. Article Number
(Transfer from service label)
PS Form 3811, July 2013

7014 0510 0001 5481 3161

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *RD Shaw* ☐ Agent ☐ Addressee
B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No
JUL 11 2018

STATE OF ILLINOIS
Post Office
3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery
4. Restricted Delivery? (Extra Fee) ☐ Yes