

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: 7/9/15 B.M.
PCB 2015-064
Hank Villani
Villani, Johnson, Buesking, LLC
320 S. 11th Street
Mt. Vernon, IL 62864

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Jamie Habermas* Agent Addressee

B. Received by (Printed Name) *Jamie Habermas* C. Date of Delivery *7-17-15*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label) 7014 0510 0001 5481 6506