

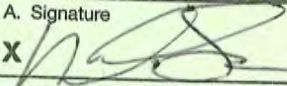
**SENDER: COMPLETE THIS SECTION**

- 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: 8/20/15 B.M.  
Patrick D. Shaw  
Law Office of Patrick D. Shaw  
80 Bellerive Road  
Springfield, IL 62704

P.D. 15-18  
thru 15-54

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
  Addressee

B. Received by (Printed Name) C. Date of Delivery  
8/29/15

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

Article Number  
(Transfer from service label) 7014 0510 0001 5481 6940

PS Form 3811, July 2013

Domestic Return Receipt