

**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.  
 AC 2014-022  
 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  
 *Lauren Pitchford*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Lauren Pitchford* 7-16-15

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

2. Article Number  
 (Transfer from service label) 7014 0510 0001 5481 6438