

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: 10/27/16 B.M.
PCB 2014-010
William D. Ingersoll
Brown, Hay & Stephens LLP
205 South Fifth Street, Ste. 700
P.O. Box 2459
Springfield, IL 62705-2459

COMPLETE THIS SECTION

A. Signature

x *Brett Vicari*

B. Received by (Printed Name)

Brett Vicari

NO

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 2058

PS Form 3811, July 2013

Domestic Return Receipt