

## 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: 1/19/17 B.M.  
 PCB 2010-084 & PCB 2016-066  
 Claire A. Manning  
 Brown, Hay & Stephens LLP  
 205 South Fifth Street  
 P.O. Box 2459  
 Suite 700  
 Springfield, IL 62705

2. Article Number

(Transfer from service label)

7014 0510 0001 5481 2478

PS Form 3811, July 2013

Domestic Return Receipt

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Brett Vicari

 Agent Addressee

B. Received by (Printed Name)

Brett Vicari

C. Date of Delivery

JAN 25 2017

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

RECEIVED

CLERK'S OFFICE

JAN 27 2017

3. Service Type

 Certified Mail™  Priority Mail Express™ Registered Return Receipt for Merchandise Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

 YesSTATE OF ILLINOIS  
 Public Control Board