

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: 8/21/14 B.M.
 PCB 2014-099
 Peggy L. Crane
 Hinshaw & Culbertson
 416 Main Street
 6th Floor
 Peoria, IL 61602

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 8/26/14

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:
 416 MAIN #600
 Peo. IL 61602

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7014 0510 0001 5481 5400

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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: 8/21/14 B.M.
 PCB 2014-099
 George Mueller
 Mueller Anderson PC
 609 Etna Road
 Ottawa, IL 61350

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 Amanda Cover 8.26.14

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7014 0510 0001 5481 5431

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540