


RECEIVED-FPSC

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COMMISSION

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| <ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ 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. | A. Signature <i>X Bobby Kincaid</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: <i>DKC 20200123 PSC-2020-0150-PA-A-TX</i> Campus Communications Group, Inc. 601 N Country Fair Dr Champaign IL 61821 | B. Received by (Printed Name) <i>Bobby Kincaid</i> C. Date of Delivery |
|  9590 9402 3287 7196 4727 54 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 2. Article Number (Transfer from service label) 7017 1000 0000 4194 4871 | 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery |