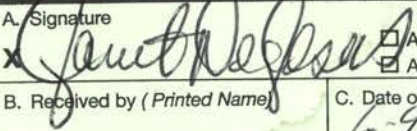


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <b>150127-TX</b> <b>PSC-16-0237-CO-TX</b>  Access Media 3, Inc. Mr. Robert (Rob) Neumann 900 Commerce Drive, Suite 200 Oak Brook IL 60523-8828	B. Received by (Printed Name) _____ C. Date of Delivery <b>6-9-15</b>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7006 0100 0003 1097 3164
	102595-02-M-1540

RECEIVED-FPSC  
15 JUN 15 AM 9:22  
COMMISSION  
CLERK