

ORIGINAL **RECEIVED**  
CLERK'S OFFICE  
OCT 17 2005

STATE OF ILLINOIS  
Deliveries Center Board

**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: 10/6/05 B.M.  
AC 2004-078  
Daniel R. Pauley  
10 Robin Hill Lane  
Belleville, IL 62221

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☒ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery  
10-15-07

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

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) 7005 1160 0002 2069 3688