ORIGINAL

RECEIVED CLERK'S OFFICE

ILLI - 6 2007

102595-02-M-1540

SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	COMPLETE THIS SECTION GO DEL VERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Politics	- WEELE THIS SECTION OUT HELD VERY
item 4 if Restricted Delivery is desired	
a Deine	A. Signature
so that we can return the	X does flands - Agent
The card to the book at a contract to the cont	B. Received by (Printed Name) C. Date of Dollars
space permits	C. Date of Delivery
Article Addressed to: 6/21/07 B.M.	D. Is delivery address different from item 1?
AC 2007-050	If YES, enter delivery address below:
Doug Hensley	
P.O. Box 27	11
Raritan, IL 61471	11
, 11 014/1	(
	3. Service Type Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
Article Number	4. Restricted Delivor 2 (7.4
- -	LJ 168
Form 3811, February 2004 Domestic Ret	0236 3975
Domestic Ret	urn Receipt 102595-02-M-1540
 	1
	CONTRACT THIS SECTION ON DELIVERY
DER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
omplete items 1. 2, and 3. Also complete	A. Signature
omplete items 1, 2, and 3. Also complete	A. Signature X. Calin Grand Addressee
omplete items 1, 2, and 3. Also complete m 4 if Restricted Delivery is desired.	A. Signature X. Caling Grand Addressee
omplete items 1, 2, and 3. Also complete m 4 if Restricted Delivery is desired. int your name and address on the reverse that we can return the card to you.	A. Signature X A A A A A A A A A A A A A A A A A A
omplete items 1, 2, and 3. Also complete m 4 if Restricted Delivery is desired. int your name and address on the reverse that we can return the card to you. This card to the back of the mailpiece, is front if space permits.	A. Signature X Colin Granted Name) C. Date of Delivery D is delivery address different from item 1? Yes
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omplete items 1, 2, and 3. Also complete m 4 if Restricted Delivery is desired. int your name and address on the reverse that we can return the card to you. In this card to the back of the mailpiece, is front if space permits. In orderssed to: 6/21/07 B.M. 17-050 Charmin Joseph O. Box 363	A. Signature X Colin Grinted Name) C. Date of Delivery Colin Joseph D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No 3. Service Type Certified Mail

Domestic Return Receipt

PS Form 3811, February 2004