

**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: 4/16/09 B.M.  
 PCB 2008-039 & PCB 2009-017  
 Mandy L. Combs  
 The Sharp Law Firm, P.C.  
 1115 Harrison Street  
 P.O. Box 906  
 Mt. Vernon, IL 62864

2. Article Number  
 (Transfer from service label)

7008 1830 0003 9908 9533

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Emily Harrison*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-20

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