

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: 9/17/09 B.M.
 PCB 2009-113
 Fred C. Prillaman
 First America Center
 1 North Old State Capitol Plaza
 Suite 325
 Springfield, IL 62701-1323

2. Article Number
 (Transfer from service label) 7009 0960 0000 5942 0371

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jerry D. ...* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-22-09

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