

**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: 11/5/09 B.M.

PCB 2009-040

Edward R. Gower

Hinshaw & Culbertson

400 South Ninth Street

Suite 200

Springfield, IL 62701

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 0944

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *K Hardy*

Agent

Addressee

B. Received by (Printed Name)

*K Hardy*

C. Date of Delivery

*11-9-09*

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