

**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:

PCB 10-67  
 BRIAN ROBINSON  
 22 KNOX Rd  
 Galesburg, IL 61401

2. Article Number

*(Transfer from service label)***COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Handwritten Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-13-10

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

**RECEIVED**  
**CLERK'S OFFICE**

MAR 15 2010

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

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- 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.
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1. Article Addressed to: 3/4/10 B.M.

PCB 2010-067

Brian Robinson

22 Knox Road

Galesburg, IL 61401

2. Article Number

*(Transfer from service label)*

7009 0960 0000 5942 1989

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

MAK 1 5 2010

 Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

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

OF ILLINOIS  
Control Board

ILLINOIS DEPARTMENT OF REVENUE  
P.O. BOX 1040  
GALESBURG, IL 61402-1040

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes