

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: 1/6/11 B.M.
 AC 2010-017
 Stepehn F. Hedinger
 Sorling, Northrup, Hanna,
 Cullen & Cochran, Ltd.
 Suite 800 Illinois Building
 607 East Adams, P.O. Box 5131
 Springfield, IL 62705

2. Article Number
 (Transfer to reverse)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X David Tenitz

Agent
 Addressee

B. Received by (Printed Name)

R

C. Date of Delivery

1-13-11

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