

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature <input checked="" type="checkbox"/> <i>S Johnson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>S Johnson</i>	C. Date of Delivery
1. Article Addressed to: 1/10/13 B.M. PCB 2008-096 Charles F. Helsten Hinshaw & Culbertson 100 Park Avenue P.O. box 1389 Rockford, IL 61105-1389	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7011 0110 0001 8270 2854		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154		

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	B. Received by (Printed Name) <i>S Johnson</i>	C. Date of Delivery <i>1-14-13</i>
1. Article Addressed to: 1/10/13 B.M. PCB 2008-096 Nicola A. Nelson Hinshaw & Culbertson 100 Park Avenue P.O. Box 1389 Rockford, IL 61105-1389	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7011 0110 0001 8270 2847		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154		

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	B. Received by (Printed Name) <i>S Johnson</i>	C. Date of Delivery <i>1-14-13</i>
1. Article Addressed to: 1/10/13 B.M. PCB 2008-096 Michael F. Iasparro Hinshaw & Culbertson 100 Park Avenue P.O. Box 1389 Rockford, IL 61105-1389	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
2. Article Number (Transfer from service label) 7011 0110 0001 8270 2878		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154		