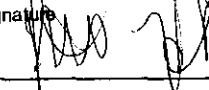


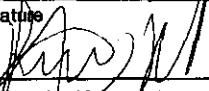
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STATE OF ILLINOIS

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 X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 10/6/05 B.M. AC 2005-074 Richard Holmes Rich's Towing 56 Airport Road Murphysboro, IL 62966	B. Received by (Printed Name) _____ C. Date of Delivery 10/17/05
2. Article Number (Transfer from service label) 7005 1160 0002 2069 3725	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	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.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
102595-02-M-1540	

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 X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 10/6/05 B.M. AC 2005-074 Linda Holmes 36 Airport Road Murphysboro, IL 62966	B. Received by (Printed Name) _____ C. Date of Delivery 10/07/05
2. Article Number (Transfer from service label) 7005 1160 0002 2069 3732	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	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.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
102595-02-M-1540	