

ORIGINAL

RECEIVED
CLERK'S OFFICE

AUG 18 2006

STATE OF ILLINOIS
DEPARTMENT OF REVENUE

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.	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>for Bauch</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Jan Bauch</i> <i>8-14-06</i></p>
<p>1. Article Addressed to: <i>8/4/06</i> PCB 215 Bruce Schlichting Schlichting & Sons Excavating 8966 East State Street Rockford, IL 61108</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. /</p> <p>PS</p>	<p>102595-02-M-1540</p>