

ORIGINAL

RECEIVED  
CLERK'S OFFICE

JUN 26 2007

STATE OF ILLINOIS

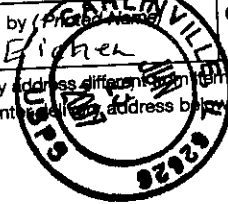
**SENDER: COMPLETE THIS SECTION**

- 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: 6/7/07 B.M.  
 AC 2005-044  
 Donald Eichen  
 221 Mounts  
 Carlinville, IL 62626

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Clara M Eichen*  
 B. Received by  Agent  Addressee  
*Clara Eichen*  
 C. Date of Delivery  
 6-23-07  
 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

2. Article Number  
 (Transfer from service label) 7006 2760 0003 5423 6782

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540