

RECEIVED
CLERK'S OFFICE

AUG 06 2007

ORIG

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</p> <p><i>X Robert Martin</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>8/02/07</p>
<p>1. Article Addressed to: 7/26/07 B.M.</p> <p>AC 2007-069</p> <p>Robert Martin</p> <p>27 Shaw Street</p> <p>Belgium, IL</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>PS Fo</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>102595-02-M-1540</p>

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<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</p> <p><i>X Sherry Ekwin</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Sherry Ekwin</p>
<p>1. Article Addressed to: 7/27/07 B.M.</p> <p>AC 2007-069</p> <p>Charles D. Mockbee IV</p> <p>Vermilion County State's</p> <p>Attorney Office</p> <p>Court House</p> <p>7 North Vermilion Street</p> <p>Danville, IL 61832</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7007 0220 0003 0236 3050</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>