

RECEIVED
CLERK'S OFFICE

NOV 23 2007

STATE OF ILLINOIS
Tobacco Control Board

ORIGINAL

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: 11/15/07 B.M.
 PCB 2008-028
 William H. Strang
 108 N. Lafayette Street
 Jerseyville, IL 62052

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Carrie Ehter Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Carrie Ehter 11/26/07

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 0810 0004 22256520