

RECEIVED
CLERK'S OFFICE

MAR 31 2008

STATE OF ILLINOIS
Control Board

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 <i>William Knauer</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: 3/20/08 B.M. PCB 2007-144 William Knauer 9885 Prairie St. Walker Edition Savanna, IL 61074	B. Received by (Printed Name) C. Date of Delivery <i>WILLIAM C. KNAUER</i> <i>3/20/08</i>
	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7007 3020 0000 4630 5418	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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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.	A. Signature X <i>Ruth Morfey</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: 3/20/08 B.M. PCB 2007-144 Mick Morfey 9734 Route 84 South Savanna, IL 61074	B. Received by (Printed Name) C. Date of Delivery <i>RUTH MORFEY</i> <i>3/20/08</i>
	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) 7007 3020 0000 4630 5401	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	