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	STATE OF ILLINOIS
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER:
 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
1. Article Addressed to: 4/17/08 B.M. PCB 2004-204 Daniel J. Beers 203 Cottage Grove	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Pekin, IL 61554	3. Service Type Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7007 3020 0000	4630 5951
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540