## RECEIVED CLERK'S OFFICE

APR 2 8 2008

STATE OF ILLINOIS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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: 4/17/08 B.M.  PCB 2008-074  Jeff Hank  1361 130th Street  Aledo, IL 61231	X
	3. Service Type Certified Mall Registered Receipt for Merchandise Insured Mail C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7007 3020 0000	4630 6095
PS Form 3811, February 2004 Domestic Ret	urn Recelpt 102595-02-M-1540