

ORIGINAL

RECEIVED
CLERK'S OFFICE

MAY 08 2008

STATE OF ILLINOIS
Initiation 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 <i>Carolyn Biele</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 5/1/08 B.M. PCB 2008-079 Matt Bible 2872 Sailor Spring Road Louisville, IL 62858	B. Received by (Printed Name) <i>CB</i>	C. Date of Delivery <i>5-6-08</i>
2. Article Number (Transfer from service label)	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 checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input 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	
	7007 3020 0000 4630 6170	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540