

ORIGINAL

RECEIVED
CLERK'S OFFICE

MAY 12 2008

STATE OF ILLINOIS
Judicial Control Board

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: 4/17/08 B.M.
PCB 2008-069
Brandon M. Gerard
3 Pheasant Lane
Pittsfield, IL 62363

2. Article Number
(Transfer from service label) 7007 3030 0000 4630 6057

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

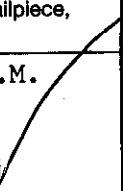
A. Signature  Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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



Domestic Return Receipt

102595-02-M-1540