	SENDER: COMPLETE	THIS SECTION	COMPLETE THIS SECT:O	N ON DELIVERY
•	Complete items 1, 2,	and 3. Also complete	A. Signature	
	item 4 if Restricted D  Print your name and	elivery is desired.	x Sylapping	☐ Agent
	so that we can return	the card to you.	B. Received by Printed Na	Address  C. Date of Delive
	Attach this card to the or on the front if space	e back of the mailpiece, be permits.	Um Cowals	Dec 9-15.08
	1. Article Addressed to: 9/4/08 B.M. AS 2008-010 Claire A. Manning		D. Is delivery address differe	nt from item 1?  Yes
			If YES, enter delivery add	dress below:   No
	Brown, Hay & S	_		
		antile Bank Bldg.		
	205 South Fift		3. Service Type	
	P.O. Box 2459			xpress Mail eturn Receipt for Merchandis
	Springfield, II	L 62705 <b>–</b> 2459	☐ Insured Mail ☐ C	.O.D.
	2. Article Number 1		4. Restricted Delivery? (Extr.	a Fee) ☐ Yes
	(Transfer from service lab	en 7007 3020 000	0 4630 7115	Control of the Contro
	100 Ell. 12011 E.L.	- cood IIII B		102595-02-M-15
SENDER: COMPLETE	THIS SECTION	COMPLETE THIS SECTION	ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>		A. Signature		
		1x Just	Agent	
		B. Received by (Printed Nam	e) C. Date of Delivery	
or on the front if space	back of the mailpiece, permits.		9-12-P	
1. Article Addressed to: 9		D. Is delivery address different	from item 1?  Yes	
AS 2008-010		If YES, enter delivery addre	ess below: No	)
Janaki Nair	V			
Elias, Meginne	s. Riffle &			
Seghetti P.C.				, H
416 Main Stree	Ė	3. Service Type		
Suite 1400	-		ress Mail	
Peoria, IL 6160	02-1153	☐ Registered ☐ Retu	ırn Receipt for Merchandise	,
		4. Restricted Delivery? (Extra	Fee) 🔲 Yes	
Article Number     (Transfer from service labe	7007 3020 0000	4630 7122		
PS Form 3811, February			. 102595-02-M-1540	
SENDER: COMPLETE THIS SECTION	N COMPLETE	THIS SECTION ON DELIVERY		
■ Complete items 1, 2, and 3. Also cor	mplete A. Signature	) AÍ	Had Alberta Con and	
item 4 if Restricted Delivery is desire Print your name and address on the	d.		Agent	
so that we can return the card to you			Addressee	
Attach this card to the back of the m or on the front if space permits.	ailpiece,	11	1) V	
1. Article Addressed to: 9/4/08 B.	D. Is delivery		Yes	
AS 2008-010	If YES, en	ter delivery address below:	<b>k</b> No	
Brian J. Meginnes	✓   ,			
Elias, Meginnes, Riffle	. II			
Seghetti, P.C.				
416 Main Street 3. Service				
Suite 1400				
1		☐ Insured Mail ☐ C.O.D.		
	4. Restricted	Delivery? (Extra Fee) □	Yes	
2. Article Number ( <i>Transfer from service label</i> ) 7007	3020 0000 4630 71	30	<u> </u>	
PS Form 3811, February 2004	Domestic Return Receipt		DE 00 M 4540	
-		10259	95-02-M-1540	