

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: 12/4/08 B.m.
 AC 2008-031
 CT Corporation Systems ✓
 for Upper Rock Island County
 Landfill
 208 S. LaSalle Street
 Suite 814
 Chicago, IL 60604-1101

2. Article Number
 (Transfer from service label) 7008 1830 0003 9908 7744

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- 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

RECEIVED
 DEC 12 2008
 CT SOP DEPT

3. Service Type

-
- Certified Mail
-
- Express Mail
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes