| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|-------------------------------------|
| Post Office Box 5776 Springfield, IL 62705-5776 | A. Signature X |
| | 3. Service Type Certified Mail |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Transfer from service label) 7008 1830 0003 9908 8291 | |
| PS Form 3811, February 2004 Domestic Fieturn Receipt 102595-02-M-1540 | |