

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: 3/5/09 B.M.
 PCB 2005-050
 Fred C. Prillaman
 Mohan, Alewelt, Prillaman &
 Adami
 First of America Center
 1 North Old State Capitol Plaza
 Suite 325
 Springfield, IL 62701-1323

2. Article Number
 (Transfer from service label) 7008 1830 0003 9908 8314

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cindy Kolley*

- Agent
 Addressee

B. Received by (Printed Name)

CINDY KOLLEY

C. Date of Delivery

3-11

- 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

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1. Article Addressed to: 3/5/09 B.M.
 PCB 2005-050
 Patrick D. Shaw
 Mohan, Alewelt, Prillaman &
 Adami
 First of America Center
 1 North Old State Capitol Plaza
 Suite 325
 Springfield, IL 62701-1323

2. Article Number

(Transfer from service label)

7008 8130 0003 9908 8321

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cindy Kolley*

Agent

Addressee

B. Received by (Printed Name)

CINDY KOLLEY

C. Date of Delivery

3-11

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