| 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, or on the front if space permits.</li> </ul> | A. Signature  X Kay Kettler   |
| 1. Article Addressed to: 4/2/09 B.M. PCB 2007-131 William L. Wimmer Wimmer, Stiehl and McCarthy 2 Park Place   | If YES, enter delivery address below:   No  |
| Professional Center  | 3. Service Type   |
| Belleville, IL 62226   | ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
|  | 4. Restricted Delivery? (Extra Fee)   |
| 2. Article Number (Transfer from service label) 7008 1830 0003 9908 9434   |   |
| PS Form 3811, February 2004 Domestic Retu  | rn Receipt 102595-02-M-1540   |