

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: 6/18/09 B.M.
 PCB 2009-127
 Joseph Sheetz, R.A.
 Re: SF Ventures, LLC
 2446 North County Road 1500
 Niota, IL 62358

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 8826

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Joseph Sheetz

- Agent
 Addressee

B. Received by (Printed Name)

Joseph Sheetz

C. Date of Delivery

6/24/09

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes