

**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: 10/1/09 B.M.  
 PCB 2006-082  
 Charles J. Northrup  
 Sorling, Northrup, Hanna,  
 Cullen & Cochran, Ltd.  
 Suite 800 Illinois Building  
 607 East Adams  
 P.O. Box 5131  
 Springfield, IL 62705

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 0463

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Sam Brown*

Agent

Addressee

B. Received by (Printed Name)

*SAM BROWN*

C. Date of Delivery

*10/1/09*

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