| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| 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. | A. Signature X Occupy T Agent Addressee B. Received by (Printed Name) C. Date of Delivery |
| 1. Article Addressed to: 11/5/09 B.M. PCB 2009-067 Joe Keebler Prime Location Properties, LLC P.O. Box 242 Carbondale, IL 62903 | D. Is delivery address different from item 1? Yes If YES, enter delivery address below II No |
| | 3. Service Type Certified Mail |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Transfer from service label) 7009 0960 0000 5942 0968 | |
| PS Form 3811, February 2004 Domestic Reti | urn Receipt 102595-02-M-1540 |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|---|
| 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: 11/5/09 B.M. PCB 2009-067 Patrick D. Sahw Mohan, Alewelt, Prillaman & | A. Signature X |
| Adami First of America Center 1 North Old State Capitol Plaza Suite 325 Springfield, IL 62701-1323 | 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes |
| 2. Article Number (Transfer from service label) 7009 0960 0000 5942 0951 | |
| PS Form 3811, February 2004 Domestic Retu | urn Receipt 102595-02-M-1540 |