

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: 11/19/09 B.M.

PCB 2007-113
 Charles F. Helsten
 Hinshaw & Culbertson
 100 Park Avenue
 P.O. Box 1389
 Rockford, IL 61105-1389

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 0999

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Agent

Addressee

C. Date of Delivery

NOV 23 2009

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: 11/19/09 B.M.

PCB 2007-113
 Bruce McKinney
 City of Rochelle
 420 N. 6th Street
 P.O. Box 601
 Rochelle, IL 61068

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 1040

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Wayne Pelletier

 Agent Addressee

B. Received by (Printed Name)

Wayne Pelletier

C. Date of Delivery

11-23-09

- 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