

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.

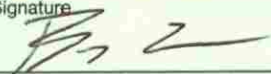
1. Article Addressed to: 1/21/10 B.M.
 PCB 2004-113
 N. LaDonna Driver
 Hodge Dwyer & Driver
 3150 Roland Avenue
 Post Office Box 5776
 Springfield, IL 62705-5776

2. Article Number
 (Transfer from service label) 7009 0960 0000 5942 1583

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X



- Agent
 Addressee

B. Received by (Printed Name)

Brian Lep

C. Date of Delivery

1/26/10

- 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

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: 1/21/10 B.M.

PCB 2004-113

Katherine D. Hodge

Hodge Dwyer & Driver

3150 Roland Avenue

Post Office Box 5776

Springfield, IL 62705-5776

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 1576

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

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