

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: 2/4/10 B.M.
 PCB 2005-193
 Stephen F. Hedinger
 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 1644

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

PAM BROWN

C. Date of Delivery

2/10/10

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