

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: 6/17/10 B.M.
 PCB 2008-086
 Fred C. Prillaman
 Mohan, Aleswelt, Prillaman &
 Adami
 First of America Center
 1 North Old State Capital Plaza
 Suite 325
 Springfield, IL 62701-1323

2. Article Number
 (Transfer from service label) 7009 0960 0000 5942 2726

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Gloria Frakes* ☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Gloria Frakes 6-24-10

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

Domestic Return Receipt

102595-02-M-1540