

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: 4/7/11 B.M.

PCB 2010-102
 John Inyart
 City of Charleston
 Municipal Building
 520 Jackson Avenue
 Charleston, IL 61920

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 7778

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

J. Hildebrand

Agent

Addressee

B. Received by (Printed Name)

J. Hildebrand

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

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1. Article Addressed to: 4/7/11 B.M.

PCB 2010-102

Brian L. Bower

Brainard Law Offices

600 Jackson Avenue

Charleston, IL 61920

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 7761

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Carmen Vatales Agent AddresseeB. Received by (*Printed Name*)*Carmen Vatales*

C. Date of Delivery

4-11-11

D. Is delivery address different from item 1? YesIf 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