

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: 8/23/12 B.M.

PCB 2010-100

Molly Wilson Dearing

Winters, Brewster, Crosby &
Schafer

111 West Main

P.O. Box 700

Marion, IL 62959

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1642

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Reid

Agent

Addressee

B. Received by (Printed Name)

Reid

C. Date of Delivery

8-28-12

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.
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1. Article Addressed to: 8/23/12 B.M.
 PCB 2012-100
 Jonathan R. Contrell
 Winters, Brewster, Crosby &
 Schafer
 111 West Main
 P.O. Box 700
 Marion, IL 62959

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1635

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Reid

Agent

Addressee

B. Received by (Printed Name)

Reid

C. Date of Delivery

8-28-12

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

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1. Article Addressed to: 8/23/12 B.M.
 PCB 2010-100
 Fred C. Prillaman
 Mohan, Alewelt, Prillaman &
 Adami
 First of America Center
 1 North Old State Capitol Plaza
 Suite 325
 Springfield, IL 62701-1323

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1628

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Kelly Vaughan

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-28-12

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: 8/23/12 B.M.
 PCB 2010-100
 Joel Benoit
 Mohan, Alewelt, Prillaman &
 Adami
 First of America Center
 1 North Old State Capitol Plaza
 Suite 325
 Springfield, IL 62701-1323

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1611

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Kelley Doughan

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-28-12

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

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 8/23/12 B.M.
 PCB 2010-100
 Gary D. Hill
 45 Bayshore Drive
 Murphysboro, IL 62966

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1666

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *F Hill*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

8-28-12

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

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- 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: 8/23/12 B.M.
 PCB 2010-100
 John Brewster, R.A.
 Prairie Living West LLC
 111 West Main
 Marion, IL 62959

2. Article Number
 (Transfer from service label)

7011 0110 0001 8270 1673

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Kevin

- Agent
 Addressee

B. Received by (Printed Name)

Kevin

C. Date of Delivery

8-28-12

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