| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIVERY  |
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| ■ 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: 10/4/12 B.M.  AC 2012-039  Jeffrey G. Howard  Howard, Leggans, Piercy & Howard LLP | A. Signature  X  Addressee  B. Received by (Printed Name)  D. Is delivery address different from item 17  Yes  If YES, enter delivery address below:  No |
| 108 Main Street P.O. Box 1810 Mt. Vernon, IL 62864  | 3. Service Type  Certified Mail  |
| 2. Article Number (Transfer from service label) 7011 0110 0001 8270 2083  |  |
| PS Form 3811, February 2004 Domestic Reti   | urn Receipt 102595-02-M-1540   |

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| ■ 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: 10/4/12 B.M. AC 2012-039  Allan W. Xanders  CMH Homes, Inc.  11884 North Ryegrass Lane  Mt. Vernon, IL 62864 | A. Signature  X Y A A A A A A A A A A A A A A A A A A |
|   | 3. Service Type  Certified Mail                       |
|   | 4. Restricted Delivery? (Extra Fee) ☐ Yes             |
| 2. Article Number (Transfer from service label) 7011 0110 0001  | 8270 2069   |
| PS Form 3811, February 2004 Domestic Retu   | urn Receipt 102595-02-M-1540                          |

## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete □ Agent item 4 if Restricted Delivery is desired. х Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Date of Dalivery Attach this card to the back of the mailpiece. or on the front if space permits. D. Its delivery address different from item 12 Article Addressed to: 10/4/12 B.M. If YES, enter delivery address below: ☐ No AC 2012-039 CMH Homes, Inc. CT Corporation Systems 208 S. LaSalle Street Suite 814 3. Service Type Certified Mail Chicago, IL 60604-1101 ☐ Express Mail ☐ Registered □ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7011 0110 0001 8270 2052 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540