

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: 10/2/14 BM
PCB 2007-145
Donald E. Grant
17717 Dean Road
Johnson City, IL 62951

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Donald Grant* Agent Addressee
B. Received by (Printed Name) *Donald Grant* C. Date of Delivery *10-6-14*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 5875

PS Form 3811, July 2013

Domestic Return Receipt

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: 10/2/14 BM
PCB 2007-145
Jay Schafer
Winters, Brewster, Crosby &
Schafer
111 West Main
P.O. Box 700
Marion, IL 62959

COMPLETE THIS SECTION ON DELIVERY

A. Signature *J Schafer* Agent Addressee
B. Received by (Printed Name) *J Schafer* C. Date of Delivery *10-6-14*
D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 5851

PS Form 3811, July 2013

Domestic Return Receipt