ORIGINAL

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: 1/26/07 B.M.

PCB 2000-104
Jeffery W. Tock
Harrington and Tock
201 W. Springfield Avenue
Ste. 601
P.O. Box 1550
Champaign, IL 61824-1550

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X V. Baton ☑ Agent ☐ Addressee

B. Received by (*Printed Name*) V. BATON
C. Date of Delivery 2-5-07

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

2. Article Number (*Transfer from service label*) 7001 1140 0002 7469 0671

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540