## ORIGINAL

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STATE OF ILLINOIS

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Also complete □ Agent item 4 if Restricted Delivery is desired. ☐ Addressee Print your name and address on the reverse Pate of Delivery so that we can return the card to you. Attach this card to the back of the mailpiece, 12) MGA D. Is delivery address different from Item 17. Yes or on the front if space permits. · D No If YES, enter delivery address below: 7/26/07 B.M. 1. Article Addressed to: PCB 2007-066 ILLINO John T. Hundley 1115 Harrison Street 40 Service Type
 Certifled Mail
 Registered ☐ Express Mail P.O. Box 906 ☐ Return Receipt for Merchandise Mt. Vernon, IL 62864 ☐ C.O.D. Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7007 0220 0003 0236 3128 (Transfer from service label) 102595-02-M-1540 Domestic Return Receipt PS Form 3811, February 2004

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature    Agent   Addressee
1. Article Addressed to: 7/26/07 A.M. PCB 2007-066 Mandy L. Combs The Sharp Law Firm, P.	of it YES, enter delivery actifies below No
1115 Harrison Street P.O. Box 906 Mt. Vernon, IL 62864	B Service Type   Express Mail   Express Mail   Registered   Return Receipt for Merchandise   C.O.D.
The second secon	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7006 0810 000	4 2225 6032
PS Form 3811, February 2004 Domestic F	102595-02-M-1540