

ORIGINAL

RECEIVED  
MAILS OFFICE

SEP 17 2007

STATE OF ILLINOIS  
Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> <i>Harold Graves</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 9/6/07 B.M. AC 2006-023 Harold Graves 306 Beechwood Drive Taylorville, IL 62568	B. Received by (Printed Name) <i>Harold Graves</i>	C. Date of Delivery <i>9/13/07</i>
2. Article Number (Transfer from service label) 7006 0810 0004 2225 6162	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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1. Article Addressed to: 9/6/07 B.M. AC 2006-023 Claire A. Manning Brown, Hay & Stephens LLP 700 First Mercantile Bank Bldg. 205 South Fifth Street P.O. Box 2459 Springfield, IL 62705-2459	B. Received by (Printed Name) <i>Rachet Rister</i>	C. Date of Delivery <i>9/14/07</i>
2. Article Number (Transfer from service label) 7006 0810 0004 2225 6155	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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