

ORIGINAL

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CLERK'S OFFICE

DEC 17 2007

STATE OF ILLINOIS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Brozovsky</i> <input type="checkbox"/> Addressee	
1. Article Addressed to: 12/6/07 B.M. PCB 2007-008 Edward R. Gower Hinshaw & Culbertson 400 South Ninth Street Suite 200 Springfield, IL 62701	B. Received by (Printed Name) <i>BROZOVSKY</i>	C. Date of Delivery <i>12-13-07</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7006 0810 0004 2225 6612		