

ORIGINAL

**RECEIVED**  
CLERK'S OFFICE

FEB 01 2008

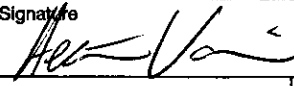
STATE OF ILLINOIS  
Salutary Control Board

**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: 1/24/08 B.M.  
PCB 2004-186  
Elizabeth S. Harvey  
Swanson, Martin & Bell  
One IBM Plaza  
330 N. Wabash, Suite 3300  
Chicago, IL 60611

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X  ☐ Agent  
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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) 7006 0810 0004 2225 2355

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540