

**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: 12/18/08 B.M.  
 AC 2009-014  
 Thomas J. Immel  
 Feldman, Wasser, Draper & Cox  
 1307 S. Seventh St.  
 P.O. Box 2418  
 Springfield, IL 62705

2. Article Number  
 (Transfer from service label) 7008 1830 0003 9908 7881

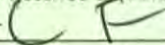
**COMPLETE THIS SECTION ON DELIVERY**

A. Signature



- Agent  
 Addressee

B. Received by (Printed Name)



C. Date of Delivery

12-24-08

- 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