

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: 4/2/09 B.M. ✓

AC 2009-032

Elaine D. Glover

333 W. Benton Avenue

Naperville, IL 60540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Elaine Glover* Agent
 Addressee

B. Received by (*Printed Name*)

E. Glover

C. Date of Delivery

4-2-09

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)

7008 1830 0003 9908 9427

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1. Article Addressed to: 4/2/09 B.M.

AC 2009-032

Glen K. Glover

Glover Family Trust

333 W. Benton Avenue

Naperville, IL 60540

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 9403

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Glen K. Glover*

Agent

Addressee

B. Received by (Printed Name)

G. Glover

C. Date of Delivery

4-7-09

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