

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: 6/18/09 B.M.

PCB 2003-191

Mark A. LaRose

LaRose & Bosco, Ltd.

200 N. LaSalle Street

Suite 2810

Chicago, IL 60601

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 8680

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Melody L. Schnard 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

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1. Article Addressed to: 6/18/09 B.M.

PCB 2003-191

Clarissa C. Grayson

LaRose & Bosco, Ltd.

200 N. LaSalle Street

Suite 2810

Chicago, IL 60601

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 8673

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Melody L. Schneiders

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

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1. Article Addressed to: 6/18/09 B.M.
 PCB 2003-191
 Richard S. Porter
 Hinshaw & Culbertson
 100 Park Avenue
 P.O. Box 1389
 Rockford, IL 61105-1389

2. Article Number
 (Transfer from service label) 7008 1830 0003 9908 8659

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
[Handwritten Signature]

B. Received by (Printed Name) C. Date of Delivery
[Handwritten Name] JUN 22 2008

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

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1. Article Addressed to: 6/18/09 B.M.

PCB 2003-191

Charles F. Helsten

Hinshaw & Culbertson

100 Park Avenue

P.O. Box 1389

Rockford, IL 61105-1389

2. Article Number

(Transfer from service label) 7008 1830 0003 9908 8666

COMPLETE THIS SECTION ON DELIVERY

A. Signature


 Agent Addressee

B. Received by (Printed Name)



C. Date of Delivery

JUN 22 2009

 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