

**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: 6/17/10 B.M.  
PCB 2008-086  
Fred C. Prillaman  
Mohan, Aleswelt, Prillaman &  
Adami  
First of America Center  
1 North Old State Capital Plaza  
Suite 325  
Springfield, IL 62701-1323

2. Article Number  
(Transfer from service label) 7009 0960 0000 5942 2726

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Gloria Frakes*  Agent  
 Addressee

B. Received by (Printed Name) *Gloria Frakes* C. Date of Delivery *6-24-10*

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

Domestic Return Receipt

102595-02-M-1540