

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: 6/2/11 B.M.
 PCB 2007-099, PCB 2007-108 &
 PCB 2007-119 PCB 2007-120,
 PCB 2007-126, 127, 129, PCB
 2007-137, 138 & PCB 2008-010,
 043, PCB 2009-050
 Don Samson
 226 W. Main Street, Suite 102
 Belleville, IL 62220

2. Article Number
 (Transfer from service label) 7011 0110 0001 8269 8300

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-6-11

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