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: 8/5/04 B.M.
PCB 2003-214
Frederick C. Prillaman
Mohan, Alewelt, Prillaman & Adami
First of America Center
1 North Old State Capitol Plaza
Suite 325
Springfield, IL 62701-1323

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X K. C. Floyd ☒ Agent ☐ Addressee

B. Received by *(Printed Name)* K. C. FLOYD
C. Date of Delivery 8/12/04

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)* 7002 0860 0004 9618 4889

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540