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1. Article Addressed to: 4/20/06 B.M. AC 2004-059 Joel A. Benoit Mohan, Alewelt, Prillaman & Adam First of America Center 1 North Old State Capitol Plaza Suite 325 Springfield, IL 62701-1323	B. Received by (<i>Printed Name</i>) <i>Susan Wells</i>	C. Date of Delivery <i>4-27-06</i>
2. Article Number (<i>Transfer from service label</i>)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
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