

ORIGINAL

RECEIVED
CLERK'S OFFICE

JUN 22 2007

STATE OF ILLINOIS
Control Board

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: 6/7/07 B.M.
 AC 2005-070
 James Stutsman
 8443 County Road 1100E
 Bath, IL 62617

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Jim Stutsman* Addressee

B. Received by (Printed Name) C. Date of Delivery
Jim Stutsman 6-20-07

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) 7006 2760 0003 5423 6799