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MAR 31 2008

STATE OF ILLINOIS
Public Control Board

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|---|--|
| <ul style="list-style-type: none">■ 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. <p>1. Article Addressed to: 3/20/08 B.M. PCB 2008-037 Attn: Jack Woodworth Woodworth & Sons, Inc., #2 Carlyle Plaza Drive Belleville, IL 62221</p> | <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Brenda Shanks <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery BShanks 3-27-08</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label) 7007 3020 0000 4630 5463</p> | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | |