

SENDER: COMPLETE THIS SECTION

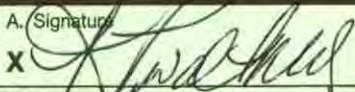
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 12/4/08 B.M.
 PCB 2008-052
 Charles Y. Davis
 Borwn, Hay & Stephens LLP
 700 First Mercantile Bank Bldg.
 205 South Fifth St., P.O. Box
 2459
 Springfield, IL 62705-2459

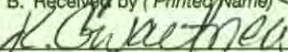
COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)



C. Date of Delivery

12-10-08

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

Article Number

(Transfer from service label)

7008 1830 0003 9908 7829

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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: 12/4/08 B.M.
 PCB 2008-052
 Dr. Charles R. Boyce
 Chatham Veterinary Clinic
 1500 North Main Street
 Chatham, IL 62629

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 7836

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Brady

Agent

Addressee

B. Received by (Printed Name)

J. BRADY

C. Date of Delivery

12/9/08

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