

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: 5/21/09 B.M.
 PCB 2008-017
 Richard A. Baumann, Agent
 Wendler Engineering Services, Inc.
 698 Timber Creek Road
 Dixon, IL 61021

2. Article Number
 (Transfer from service label) 7008 1830 0003 9908 9953

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Stacy Love

- Agent
 Addressee

B. Received by (Printed Name)

STACY LOVE

C. Date of Delivery

5-28-09

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

P.O. BOX 486
 DIXON, IL 61021-0486

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

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1. Article Addressed to: 5/21/09 B.M.
 PCB 2008-017
 James E. Meason
 113 W. Main Street
 Rockton, IL 61072-2416

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 9939

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Judith Heil

Agent

Addressee

B. Received by (Printed Name)

JUDITH HEIL

C. Date of Delivery

5/28/09

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

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1. Article Addressed to: 5/21/09 B.M.

PCB 2008-017

Eric D. Morrow

Smith Hahn Morrow & Floski, P.C.

129 South Fourth Street

P.O. Box 10

Oregon, IL 61061-0010

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 9946

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

M. Stafford

 Agent AddresseeB. Received by *(Printed Name)*

M. Stafford

C. Date of Delivery

D. Is delivery address different from item 1? YesIf 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

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1. Article Addressed to: 5/21/09 B.M.

PCB 2008-017

Thomas E. Felker

Felker Pharmacy, Inc.

415 Blackhawk Dr.

Byron, IL 61010

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 9915

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Gretchen Catherwood

Agent

Addressee

B. Received by (Printed Name)

Gretchen Catherwood

C. Date of Delivery

5-28-09

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