

**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: 10/1/09 B.M.  
 PCB 2007-146  
 George Mueller  
 Mueller Anderson, P.C.  
 609 Etna Road  
 Ottawa, IL 61350

2. Article Number  
 (Transfer from service label)

7009 0960 0000 5942 0555

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Bill Thorp*

- Agent  
 Addressee

B. Received by (Printed Name)

SILL THORP

C. Date of Delivery

10/5/09

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

OCT 05 2009

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to: 10/1/09 B.M.  
 PCB 2007-146  
 Leo P. Dombrowski  
 Wildman, Harrold, Allen &  
 Dixon  
 225 W. Wacker Drive  
 Suite 3000  
 Chicago, IL 60606-1229

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 0517

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*G. C. Bishop*

Agent

Addressee

B. Received by (Printed Name)

*G. C. Bishop*

C. Date of Delivery

10-5-09

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

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to: 10/1/09 B.M.  
 PCB 2007-146  
 Anthony G. Hopp  
 Wildman, Harrold, Allen &  
 Dixon  
 225 W. Wacker Drive  
 Suite 3000  
 Chicago, IL 60606-1229

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 0500

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*G.C. Bishop*

Agent

Addressee

B. Received by (Printed Name)

*G.C. Bishop*

C. Date of Delivery

*10-9-09*

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: 10/1/09

PCB 2007-146

Charles F. Helsten

Hinshaw &amp; Culbertson

100 Park Avenue

P.O. Box 1389

Rockford, IL 61105-1389

2. Article Number

*(Transfer from service label)*

7009 0960 0000 5942 0487

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *A. Bilodeau* Agent Addressee

B. Received by (Printed Name)

*A. Bilodeau*

C. Date of Delivery

*10-5-09*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