

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: 11/19/09 B.M.

PCB 2007-113

Emily Vivian

Hasselberg, Williams, Grebe,

Snodgrass & Birdsall

124 SW Adams, Suite 360

Peoria, IL 61602-1320

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 1019

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *J Edwards* Agent Addressee

B. Received by (Printed Name)

Edwards

C. Date of Delivery

*11-23-09*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: 11/19/09 B.M.

PCB 2007-113

David L. Wentworth II

Hasselberg, Williams, Grebe,

Snodgrass & Birdsall

124 SW Adams, Suite 360

Peoria, IL 61602-1320

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 1026

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *J Edwards*

Agent

Addressee

B. Received by (Printed Name)

J Edwards

C. Date of Delivery

11-23-09

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: 11/19/09 B.M.

PCB 2007-113

Donald J. Moran

Pedersen & Houpt

161 N. Clark Street

Suite 3100

Chicago, IL 60601-3224

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 1002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X TCROSSEY

Agent

Addressee

B. Received by (Printed Name)

TCROSSEY

C. Date of Delivery

11/23/09

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: 11/19/09 B.M.

PCB 2007-113

Alan Cooper, Rochelle City
Attorney ✓

233 E. Route 38, Suite 202

P.O. Box 194

Rochelle, IL 61068

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 1033

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Ellen M. Miller Agent
 Addressee

B. Received by (Printed Name)

ELLEN M. MILLER

C. Date of Delivery

11-24-09

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