

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: 12/3/09 B.M.
 PCB 2010-017
 Thomas J. Immel
 Feldman, Wasser, Draper & Benson
 1307 South Seventh Street
 P.O. Box 2418
 Springfield, IL 62705

2. Article Number

(Transfer from service label) 7009 0960 0000 5010 1051

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Teri Filipiak

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

DEC - 8 2009

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

RECEIVED
 CLERK'S OFFICE
 DEC 14 2009

STATE OF ILLINOIS
 Public Control Board

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes