SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature X Torra Raleg Agent B. Received by (Printed Name) C. Date of Delivery Torra R Q (19
1. Article Addressed to: 7/1/10 B.M. AC 2009-048 Andrew J. Lankton Leiken-Lankton, L.L.C. 120 South Main Street	D. Is delayery address different from item 1? Yes If YES, enter delivery address below: No
P.O. Box 207 Eureka, IL 61530	Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) □ Yes 2. Article Number (Transfer from service label) 7009 0960 0000 5942 2771	
PS Form 3811, February 2004 Domestic Retu	rm Receipt 102595-02-M-1540

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