

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: 8/23/12 B.M.
 PCB 2010-100
 Stephen F. Hedinger
 Sorling, Northrup, Hanna,
 Cullen & Cochran, Ltd.
 1 North Old State Capitol Plaza
 Suite 200
 P.O. Box 5131
 Springfield, IL 62705

2. Article Number

(Transfer from service label) 701 | 0110 0001 8270 1604

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Pam Brown

Agent

Addressee

B. Received by (Printed Name)

PAM BROWN

C. Date of Delivery

8/29/12

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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- 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: 8/23/12 B.M.
 PCB 2010-100
 Brian D. Jones ✓
 Sorling, Northrup, Hanna,
 Cullen & Cochran, Ltd.
 1 North Old State Capitol
 Plaza, Suite 200
 P.O. Box 5131
 Springfield, IL 62705

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1598

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Pam Brown

- Agent
 Addressee

B. Received by (Printed Name)

PAM BROWN

C. Date of Delivery

8/29/12

- 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