

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> <i>B. Fouts</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
		B. Received by (Printed Name) <i>B. Fouts</i>	C. Date of Delivery <i>7-29-13</i>
1. Article Addressed to: <i>7/25/13 B.M.</i> PCB 2012-021 Charles M. Rock ✓ Hasselberg Rock Bell & Kuppler, LLP 4600 North Brandywine Drive Suite 200 Peoria, IL 61614		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		<i>7011 0110 0001 8270 4759</i>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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		B. Received by (Printed Name) <i>Faulstich</i>	C. Date of Delivery <i>7-30-13</i>
1. Article Addressed to: <i>7/25/13 B.M.</i> PCB 2012-021 Stephanie B. Sebor Winston & Strawn LLP 35 W. Wacker Drive Suite 4200 Chicago, IL 60601-9703		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		<i>7011 0110 0001 8270 4797</i>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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		B. Received by (Printed Name)	C. Date of Delivery