

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> <i>Mary Jackson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		
	B. Received by (Printed Name) <i>Mary Jackson</i>	C. Date of Delivery <i>8-11-14</i>	
	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 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			
1. Article Addressed to: <i>8/7/14 B.M.</i> PCB 2011-060 Amy L. Jackson Rammelkamp Bradney, P.C. 232 West State Street P.O. Box 550 Jacksonville, IL 62651-550			
2. Article Number (Transfer from service label) <i>7014 0510 0001 5481 5073</i>			
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540	

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<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> <i>Julie McLean</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee		
	B. Received by (Printed Name)	C. Date of Delivery <i>8-11</i>	
	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 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			
1. Article Addressed to: <i>8/7/14 B.M.</i> PCB 2011-060 Matt Sorensen County Board of McLean County 115 E. Washington Street Room 102 P.O. Box 2400 Bloomington, IL 61702-2400			
2. Article Number (Transfer from service label) <i>7014 0510 0001 5481 5080</i>			
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540	

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1. Article Addressed to: 8/7/14 B.M. ✓
 PCB 2011-060
 Kathy Michael
 County Board of McLean County
 115 E. Washington Street
 Room 102
 P.O. Box 2400
 Bloomington, IL 61702-2400

2. Article Number
 (Transfer from service label) 7014 0510 0001 5481 5097

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Julie McLean* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 8-11

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

102595-02-M-1540

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 8/7/14 B.M. ✓
 PCB 2011-060
 Hannah R. Eisner
 County Board of McLean County
 115 E. Washington Street
 Room 102
 P.O. Box 2400
 Bloomington, IL 61702-2400

2. Article Number
 (Transfer from service label) 7014 0510 0001 5481 5103

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Julie McLean* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 8-11

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

102595-02-M-1540