

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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery <i>Willie P. Burrell</i> <i>7/18/06</i></p> <p>C. Signature <i>Willie P. Burrell</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p><i>The Willie P. Burrell Trust</i> <i>300 North Indiana Ave</i> <i>Kankakee IL 60901</i></p> <p><i>July 18, 2006 stamped</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>TSCA-05-2006-0012</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7001 0320 0005 8933 2010</p>
<p>PS Form 3811, March 2001</p>	<p>Domestic Return Receipt 102595-01-M-1424</p>

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<p>1. Article Addressed to:</p> <p><i>The Dudley B. Burrell Trust</i> <i>300 N. Indiana Ave</i> <i>Kankakee, Illinois</i> <i>60901</i></p> <p><i>July 18, 2006 stamped</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>TSCA-05-2006-0012</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7001 0320 0005 8933 2027</p>
<p>PS Form 3811, March 2001</p>	<p>Domestic Return Receipt 102595-01-M-1424</p>