

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:

Office of The Secretary of State
State Capitol, Room 208
600 W. Main
Jefferson City, Missouri
65101

2. Article Number

(Transfer from service label)

7007 0220 0001 1293 0046

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Marvin Peirick

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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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1. Article Addressed to:

U.S. Dept of State
2201 C Street N.W.
Washington, D.C.
20520

2. Article Number

(Transfer from service label)

7007 0220 0001 1293 0022

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-15-08

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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1. Article Addressed to:

City of Collinsville
125 South Center St.
Collinsville, Illinois
62234

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Janet Gushleff

- Agent
 Addressee

B. Received by (Printed Name)

JANET GUSHLEFF

C. Date of Delivery

1-3-08

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

Jm

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7007 0220 0001 1293 0039

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1. Article Addressed to:

Jesse White
 IL Secy. of State
 213 State Capitol
 Springfield, IL
 62756

2. Article Number

(Transfer from service label)

7007 0220 0001 1293 0053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (*Printed Name*)

C. Date of Delivery

SECRETARY OF STATE

D. Is delivery address different from item 1? Yes

No

If YES, enter delivery address below:

JAN 07 2008

BY MARK KUNTZI

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (*Extra Fee*)

Yes