

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: 12/2/10 B.M.
 PCB 2010-032
 Heidi E. Hanson
 Podlewski & Hanson, P.C.
 4721 Franklin Avenue
 Suite 1500
 Western Springs, IL 60558-1720

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 4034

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Heidi E. Hanson

Agent

Addressee

B. Received by (Printed Name)

Heidi E. Hanson

C. Date of Delivery

12-6-10

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