SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY
<ul> <li>Complete items 1, 2, and 3.</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> <li>Article Addressed to:         MICHAEL MAHER     </li> <li>SWANSON, MARTIN, BELLONE IBM PLAZA     </li> <li>330 N WABASH, STE 3300</li> </ul>	A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different from If YES, enter delivery address	
Chicago, ell 60611 9590 9402 8310 3094 6012 05 Assista Number (Transfer from service label) 7022 1670 0002 8011 639	3. Service Type  Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Insured Mail Hail Restricted Delivery Insured Mail Office Service Delivery Office Service Delivery Office Service Delivery Office Service Service Service Delivery Office Service Service Service Service Service Service Service Service Service Delivery Office Service	□ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery
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