<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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> </ul>	A. Signature X MAMAL CHALL Agent B. Beceived by (Printed Name) C. Date of Delivery Marsha Ehn C. Jate of Delivery J. Is delivery address different from Item 1? Yes
1. Article Addressed to: 4/17/08 B.M. PCB 2008-069 Gary Ehnle 11632 900 N. Avenue Buda, IL 61314	If YES, enter delivery address below:  No
	3. Service Type         * Express Mail         Express Mail         Registered         Insured Mail         Insured Mail
	4. Restricted Delivery? (Extra Fee)