

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: 10/16/08 B.M.

PCB 2005-110

J. McDaniel, Inc.

CT Corporation Systems

208 S. LaSalle Street

Suite 814

Chicago, IL 60604-1101

2. Article Number

(Transfer from service label)

7008 0500 0000 4545 6349

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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

RECEIVED

OCT 22 2008

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

CT SOP DEPT