

**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: 5/7/09 B.M.  
PCB 2004-116  
Heidi E. Hanson  
H.E. Hanson, Esq., P.C.  
4721 Franklin Avenue  
Suite 1500  
Western Springs, IL 60558-1720

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 9632

**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

*5-7-09*

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