

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: AC 06-39, 40, 41
AC 07-25

Jennifer Burke, Sr. Counsel
City of Chicago, Dept of Law
30 N. LaSalle St., Ste. 900
Chicago, IL 60602

2. Article Number
(Transfer from service label)

7008 1830 0003 9908 8598

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

U

- Agent
 Addressee

B. Received by (Printed Name)

Jennifer Burke

C. Date of Delivery

6-11-07

- 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