

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: 6/4/09 B.M.
 PCB 2007-053
 Michael R. Shamsie
 Moline Place Development,
 L.L.C.
 455 42nd Avenue
 P.O. Box 556
 East Moline, IL 61244

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 8482

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Kim Thomsen*

- Agent
 Addressee

B. Received by (Printed Name)

Kim Thomsen

C. Date of Delivery

6/11

- 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