

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: 7/23/09 B.M.

PCB 2005-051

Bryan G. Selander

Schuleter, Ecklund, Olson

Barrett & May

4023 Charles Street

Rockford, IL 61108

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 8918

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Robin H. Selander

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Robin H. Selander

C. Date of Delivery

7-30

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☒ Express Mail

☒ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

