SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: 8/6/09 B.M. ☐ No If YES, enter delivery address below: PCB 2009-123 Michael Eiserman 2001 Oil Company 5333 Birchwood Avenue 3. Service Type Skokie, IL 60077 Certified Mail Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7008 1830 0003 9908 9083 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540