

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: 8/20/09 B.M.
 PCB 1997-193
 Frank E. DeVito
 LaRose & Bosco, Ltd.
 200 N. LaSalle Street
 Suite 2810
 Chicago, IL 60601

2. Article Number

(Transfer from service label) 7008 1830 0003 9908 9137

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

M. Schneider

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/24/09

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

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1. Article Addressed to: 8/20/09 B.M.

PCB ¹⁹⁹⁷~~2007~~-193

Mark A. LaRose

LaRose & Bosco, Ltd.

200 N. LaSalle Street

Suite 2810

Chicago, IL 60601

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 9120

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M Schneider

 Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

8-29-09

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