

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: 9/17/09 B.M.

PCB 2003-191

Scott M. Belt

Scott M. Belt & Associates, P.C.

105 E. Main Street

Suite 206

Morris, IL 60450

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 0258

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Shere Simms

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Shere Simms

C. Date of Delivery

9-21-09

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

