

# 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.

Article Addressed to: 10/1/09 B.M.  
 C 2006-039 146/41/1-25  
 601-1759 E. 130th St. LLC  
 0630 S. Torrence  
 Chicago, IL 60617

# COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Christina Gonzalez*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-3

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

Article Number

(Transfer from service label)

7009 0960 0000 5962 0388