## SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A. Signature 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. D. Is delivery address different from item 1? Article Addressed to: 10/15/09 B.M. If YES, enter delivery address below: PCB 2009-069 Warren R. Fuller Fuller and Berres 69 South Barrington Road 3. Service Type South Barrington, IL 60010 Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail I COD 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7009 0960 0000 5942 0715 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540