COMPLETE THIS SECTION ON DELIVERY R: COMPLETE THIS SECTION A. Signature implete items 1, 2, and 3. Also complete ☐ Agent tem 4 if Restricted Delivery is desired. 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 / Is delivery address different from item 1? Article Addressed to: 4/15/10 B.M. ☐ No If YES, enter delivery address below: PCB 2009-075 Rick Lee, R.A. Andalusia Ventures, L.L.C. P.O. Box 113 3. Service Type Aledo, IL 61231 Certified Mail ☐ Express Mall ☐ Return Receipt for Merchandise Registered □ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes

(Transfer from service label) PS Form 3811, February 2004

2. Article Number

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