

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: 5/6/10 B.M.
PCB 2010-063 & PCB 2010-064
Mark A. LaRose
LaRose & Bosco, Ltd.
200 N. LaSalle Street
Suite 2810
Chicago, IL 60601

2. Article Number
(Transfer from service label) 7009 0960 0000 5942 2436

COMPLETE THIS SECTION ON DELIVERY

A. Signature

M. Schneider

Agent

Addressee

B. Received by (Printed Name)

M. SCHNEIDER

C. Date of Delivery

5/10/10

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