

CHICAGO IL 606

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: 7/1/10 B.M.
 PCB 2010-035
 Elenora "Lee" R. Holmes
 Strohschein Law Group, LLC
 2455 Dean Street
 Suite G
 St. Charles, IL 60175

2. Article Number
 (Transfer from service label) 7009 0960 0000 5942 2832

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *P. Amenta* Agent
 Addressee

B. Received by (Printed Name) *P. Amenta* C. Date of Delivery *7/6/10*

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

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 7/1/10 B.M.
 PCB 2010-035
 Katherine Fitzmaurice
 Strohschein Law Group, LLC
 2455 Dean Street
 Suite G
 St. Charles, IL 60175

2. Article Number
 (Transfer from service label) 7009 0960 0000 5942 2849

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *P. Amenta* Agent
 Addressee

B. Received by (Printed Name) *P. Amenta* C. Date of Delivery *7/6/10*

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