

**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: 8/19/10 B.M.  
PCB 2009-091  
Kenneth A. Rawson  
308 W. Erie  
Suite 700  
Chicago, IL 60654

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Handwritten Signature]*  Agent  
 Addressee

B. Received by (*Printed Name*) \_\_\_\_\_ C. Date of Delivery 8-27-10

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

2. Article Number (Transfer from service label) 7009 0960 0000 5942 3228

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540