

**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: 9/16/10 B.M.  
PCB 2002-165  
Respicio F. Vasquez  
Franczek Sullivan P.C.  
300 S. Wacker Drive  
Suite 3400  
Chicago, IL 60606

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

B. Received By (Printed Name)  Agent  
*Franczek Sullivan*  Addressee

C. Date of Delivery  
*9/20/10*

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 3495

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

