

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: 10/7/10 B.M.
PCB 2010-077
James F. Quigley
Avante Graphic Communications
LLC
6125 West Howard Street
Niles, IL 60714

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Handwritten Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
10-13-10

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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 3716

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540