

**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: 12/2/10 B.M.  
 PCB 2010-032  
 Joseph R. Podlewski, Jr.  
 Podlewski & Hanson, P.C.  
 4721 Franklin Avenue  
 Suite 1500  
 Western Springs, IL 60558-1720

2. Article Number  
 (Transfer from service label)

7009 0960 0000 5942 4041

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

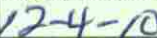
X


 Agent Addressee

B. Received by (Printed Name)



C. Date of Delivery



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