

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: 3/3/11 B.M.
 PCB 2011-046
 Dr. Charles Schelkopf
 2435 Bethany Road
 Sycamore, IL 60178

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Julia By*

 Agent Addressee

B. Received by (Printed Name)

Sillian Gray

C. Date of Delivery

3-7-11

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)

7010 3090 0000 3626 9310