

**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: 4/7/11 B.M.  
 PCB 2004-185 & PCB 2004-215  
 N. LaDonna Driver  
 Hodge Dwyer & Driver  
 3150 Roland Avenue  
 P.O. Box 5776  
 Springfield, IL 62705-5776

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 7570

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Michael Patterson*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

APR 11 2011

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:

No

USPS

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to: 4/7/11 B.M.  
 PCB 2004-185 & PCB 2004-215  
 Keith I. Harley  
 Chicago Legal Clinic, Inc.  
 211 W. Wacker Drive  
 Suite 750  
 Chicago, IL 60606

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 7594

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Tamika Moore*

Agent

Addressee

B. Received by (Printed Name)

TAMIKA MOORE

C. Date of Delivery

4/11/11

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