

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: 8/4/11 B.M.
 PCB 2010-107
 Nicola A. Nelson
 Hinshaw & Culbertson
 100 Park Avenue
 P.O. Box 1389
 Rockford, IL 61105-1389

2. Article Number
 (Transfer from service label)

7011 0110 0001 8269 9123

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Susan Johnson

Agent

Addressee

B. Received by (Printed Name)

Susan Johnson

C. Date of Delivery

AUG 08 2011

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

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- 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: 8/4/11 B.M.
 PCB 2010-~~017~~ 107
 Charles F. Helsten
 Hinshaw & Culbertson
 100 Park Avenue
 P.O. Box 1389
 Rockford, IL 61105-1389

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 9116

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Susan Johnson

Agent

Addressee

B. Received by (Printed Name)

Susan Johnson

C. Date of Delivery

AUG 08 2011

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