COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. □ Addressee Print your name and address on the reverse so that we can return the card to you. Beceived by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 9/22/11 B.M. 1. Article Addressed to: ☐ No If YES, enter delivery address below: PCB 2001-122 Elizabeth S. Harvey Swanson, Martin & Bell One IBM Plaza 330 N. Wabash 3. Service Type Certified Mail ☐ Express Mail Suite 3300 Registered ☐ Return Receipt for Merchandise Chicago, IL 60611 ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes ticle Number 7011 0110 0001 8269 9505 ansfer from service label) rm 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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