

**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: 4/5/12 B.M.

PCB 1997-193

Mark A. LaRose

LaRose &amp; Bosco, Ltd.

200 N. LaSalle Street

Suite 2810

Chicago, IL 60601

2. Article Number

*(Transfer from service label)*

7011 0110 0001 8270 0539

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*John LaRose* Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

*4/19/12*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

**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: 4/5/12 B.M.  
 PCB 1997-193  
 Clarissa Y. Cutler  
 155 N. Michigan Avenue  
 Suite 375  
 Chicago, IL 60601

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 0546

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Amelia*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

*4-10*

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