

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 2009-066
Elmhurst Memorial Hospital
200 Berteau Avenue
Elmhurst, IL 60126

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 0577

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X



Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/10/12

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

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1. Article Addressed to: 4/5/12 B.M.

PCB 2009-066

Carey S. Rosemarin

Law Offices of Carey S. Rosemarin

P.C.

500 Skokie Blvd.

Suite 510

Northbrook, IL 60062

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 0560

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/10

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes