

**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: 4/19/12 B.M.  
 PCB 2012-020  
 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 8270 0669

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*S. Johnson*

Agent

Addressee

B. Received by (Printed Name)

*S. Johnson*

C. Date of Delivery

APR 23 2012

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