

**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: 7/12/12 B.M.  
 PCB 2009-102  
 Robert T. Lane  
 The Illinois State Toll Highway  
 Authority  
 2700 Ogden Avenue  
 Downers Grove, IL 60515

2. Article Number

(Transfer from service label)

7011 0110 0001-8270 1239

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *R Hoepner*

Agent

Addressee

B. Received by (Printed Name)

*R Hoepner*

C. Date of Delivery

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: 7/12/12 B.M.  
 PCB 2009-102  
 Peter Arendovich  
 1388 Gordon Lane  
 Lemont, IL 60439

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1246

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

7.17.12

- 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