COMPLETE THIS SECTION ON DELIVERY R: COMPLETE THIS SECTION lete items 1, 2, and 3. Also complete if Restricted Delivery is desired. our name and address on the reverse it we can return the card to you. E. Received by (Printed Name) C. Date of Delivery this card to the back of the mailpiece, the front if space permits. ☐ Yes Is delivery address different from item 1? Addressed to: 1/10/13 B.M. □ No If YES, enter delivery address below: 2013-005 el Lee Szanfranski North 23rd Road eilles, IL 61341 3. Service Type Certified Mail ☐ Express Mail □ Registered Return Receipt for Merchandise ☐ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes

Number