

**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, on the front if space permits.

Article Addressed to: 2/19/15 B.M.  
B 2015-091  
Jose Gonzalez  
Adino ATC  
315 South Meyers Road  
Suite 670  
Oakbrook Terrace, IL 60181-5262

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

B. Received by (Printed Name) *P.M. Galvez* C. Date of Delivery *2/23/15*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

Article Number  
(Transfer from service label) 7014 0510 0001 5481 8883