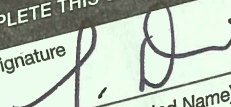


SENDER: COMPLETE THIS SECTION

- 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: 5/3/17 B.M.
PCB 2017-047
George P. Berbas
Law Offices of George P. Berbas
180 N. LaSalle Street
Suite 3700
Chicago, IL 60601

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name)
X 

C. Date of Delivery

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

MAY 11 2017

STATE OF ILLINOIS
Postage Control Bureau

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7014 0510 0001 5481 1259
(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt