

**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: 3/19/09 B.M.  
 PCB 1996-076  
 Penni S. Livingston  
 Livingston Law Firm  
 5701 Perrin Road  
 Fairview Heights, IL 62208

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 9243

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *NZ*

- Agent  
 Addressee

B. Received by (Printed Name)

*Mick SANDERS*

C. Date of Delivery

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

MAR 24 2009

3. Service Type

- Certified Mail     Express Mail  
 Registered     Return Receipt for Merchandise  
 Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes