

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: AC 06-39, 40, 41,
AC 07-25

Jeffrey J. Levine
20 N. Clark, Suite 800
Chicago, IL 60602

6/4/09 ✓

2. Article Number
(Transfer from service label)

7008 1830 0003 9908 8550

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X M Kirby

- Agent
 Addressee

B. Received by (Printed Name)

M Kirby

C. Date of Delivery

6/10/09

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