

**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: 7/23/09 B.M.  
 PCB 2005-051  
 Bryan G. Selander  
 Schuleter, Ecklund, Olson  
 Barrett & May  
 4023 Charles Street  
 Rockford, IL 61108

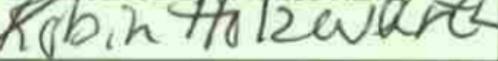
2. Article Number  
*(Transfer from service label)* 7008 1830 0003 9908 8918

**COMPLETE THIS SECTION ON DELIVERY**

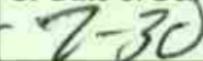
A. Signature



- 
- Agent
- 
- 
- Addressee

B. Received by *(Printed Name)*


C. Date of Delivery



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

3. Service Type

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

4. Restricted Delivery? *(Extra Fee)*  Yes

