

**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: 9/17/09 B.M.  
 PCB 2003-191  
 Scott M. Belt  
 Scott M. Belt & Associates, P.C.  
 105 E. Main Street  
 Suite 206  
 Morris, IL 60450

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 0258

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Shere Simms*

- Agent  
 Addressee

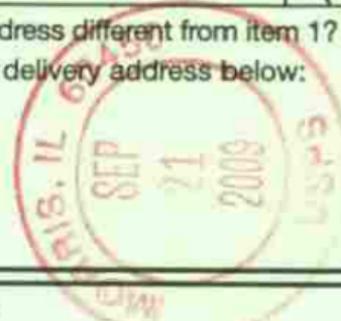
B. Received by (Printed Name)

*Shere Simms*

C. Date of Delivery

9-21-09

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