

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 2010-015
 Jonathan Bates
 Belt, Bates & Associates
 105 E. Main Street
 Suite 106
 Morris, IL 60450

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 0364

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Shew Bates*

Agent

Addressee

B. Received by (Printed Name)

Shew Bates

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

