

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: 10/1/09 B.M.
 AC 2007-025
 Graham G. McCahan
 Chicago Department of Law
 30 N. LaSalle Street
 Suite 900
 Chicago, IL 60602

2. Article Number
 (Transfer from service label)

7009 0960 0000 5942 0425

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *S. Satterfield* Agent Addressee

B. Received by (Printed Name)
S. Satterfield
 C. Date of Delivery
 10.5.09

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

