

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.

Article Addressed to: 10/1/09 B.M.

C 2006-039 146/41/1-25

601-1759 E. 130th St. LLC

0630 S. Torrence

Chicago, IL 60617

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cristina Gonzalez*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-3

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

Article Number

(Transfer from service label)

7009 0960 0000 5962 0388