

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: 12/17/09 B.M.
 PCB 1997-193, PCB 2004-207
 Mark A. LaRose
 LaRose & Bosco, Ltd.
 200 N. LaSalle Street
 Suite 2810
 Chicago, IL 60601

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 1163

COMPLETE THIS SECTION ON DELIVERY

A. Signature

M. Schneider Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-21

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