

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: 10/7/10 B.M.
 PCB 2010-008
 Bryan G. Selander
 Schlueter, Ecklund, Olson,
 Barrett & May
 4023 Charles Street
 Rockford, IL 61108

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 3679

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Carole Adams

Agent

Addressee

B. Received by (Printed Name)

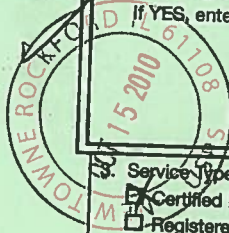
Carole Adams

C. Date of Delivery

10/15

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

Domestic Return Receipt

102595-02-M-1540