

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

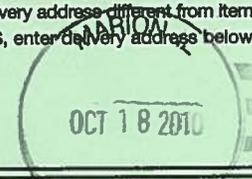
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
WILLIAM P. NOVICK

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

1. Article Addressed to: 10/7/10 B.M.
AC 2011-007
William P. Novick
Law Office of William P. Novick
501 West DeYoung
Suite 1
P.O. Box 1083
Marion, IL 62959



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label) 7009 0960 0000 5942 3617