

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: *10/21/10*
R2006-020 (B)
Matthew J. Dunn
Office of Attorney General
69 W. Washington Street, Suite 800
Chicago, IL 60602

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X M. Lindsey Agent
 Addressee

B. Received by (*Printed Name*) *M. Lindsey* C. Date of Delivery *11-1-10*

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

2. Article Number
(*Transfer from service label*)

7009 0960 0000 5942 3815