

**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: 7/7/11 B.M.  
 PCB 2004-185 & PCB 2004-215  
 Keith I. Harley  
 Chicago, Legal Clinic  
 211 W. Wacker Drive  
 Suite 750  
 Chicago, IL 60606

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 8607

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X ✓

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*[Handwritten: RODNEY FOX]*

C. Date of Delivery

*[Handwritten: 7/11/11]*

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