

**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.

Article Addressed to: 12/1/11 B.M.

CB 2012-052  
 James A. Vega  
 Board of Education of the City  
 of Chicago  
 25 S. Clark Street  
 Suite 700  
 Chicago, IL 60603-5200

Article Number

(Transfer from service label)

7011 0110 0001 8270 0003

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

YES, enter delivery address below:  No

Jason Carter

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes