

## 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: 1/5/12 B.M.  
 PCB 2012-060  
 Scott C. Sullivan  
 Williams McCarthy LLP  
 120 W. State Street  
 P.O. Box 219  
 Rockford, IL 61105-0219

2. Article Number  
 (Transfer from service label) 7011 0110 0001 8270 0249

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

SAM MAGGIO

C. Date of Delivery

JAN 09 2012

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