

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: 4/5/12 B.M.
 PCB 2009-066
 Joseph A. Girardi
 Henderson & Lyman
 175 W. Jackson Blvd., Suite 240
 Chicago, IL 60604

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 0607

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Christina Beach

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/10/12

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