SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse Addressee so that we can return the card to you. Date of Delivery Received by Printed Name) Attach this card to the back of the mailpiece. or on the front if space permits. D. Is delivery address different from item 12 Article Addressed to: 5/17/12 B.M. If YES, enter delivery address below: AC 2012-033 Gino P. Federici, R.A. Shapiro Brothers of Illinois, Inc. d/b/a Milano Metals & Recycling 3. Service Type 510 South 6th Street Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise Mt. Vernon, IL 62864 Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7011 0110 0001 8270 0812 (Transfer from service label)

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004