

**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: 12/19/13 B.M.  
PCB 2014-006  
Jon Chalovsky  
9251 Latrobe  
Skokie, IL 60077



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Handwritten Signature]*  Agent  Addressee

B. Received by (Printed Name)  Agent  Addressee

C. Date of Delivery  
12-24-13

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

2. Article Number  
(Transfer from service label)

7011 0110 0001 8270 6104

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540