

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: 7/24/14 B.M.
PCB 2014-122
Mark C. Eiden
Mark C. Eiden & Associates, PC
611 S. Milwaukee Ave., Suite 4
Libertyville, IL 60048

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Mark C. Eiden Addressee

B. Received by (Printed Name) *MARK C. EIDEN* C. Date of Delivery *7/29/14*

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) 7014 0510 0001 5481 0146