

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: 8/7/13 B.M.
PCB 2013-037
Joseph A. Girardi
Henderson & Lyman
175 W. Jackson Blvd.
Suite 240
Chicago, IL 60604

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Stuplaca* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
8/12/13

D. Is delivery address different from item 1?
If YES, enter delivery address below: Yes
 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 4858

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540