

**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: 5/21/09 B.M.

PCB 2008-017

Thomas H. Boswell

Hinshaw & Culbertson

100 Park Avenue

P.O. Box 1389

Rockford, IL 61105-1389

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 9892

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*[Handwritten Name]*

C. Date of Delivery

MAY 28 2009

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