

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: AC 06-39, 40, 41

Dennis Winkler
 Kuhn, Mitchell, Moss, Mork,
 Kocxix & Lechowicz, LLC
 111 E. Jefferson
 P. O. Box 259
 Naperville, IL 60566-0359

2. Article Number
 (Transfer from service label) 7008 1830 0003 9908 8581

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Kathleen M. Lechowicz Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

6/2/09

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