

**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: 9/8/11 B.M.

Charles F. Helsten  
 Hinshaw & Culbertson  
 100 Park Avenue  
 P.O. Box 1389  
 Rockford, IL 61105-1389

PLB 10-108 ✓

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 9291

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

S Johnson

Agent

Addressee

B. Received by (Printed Name)

S Johnson

C. Date of Delivery

9-15-11

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