

**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: 12/15/11 B.M.  
 PCB 2012-030  
 Rachel K. Robert  
 Day & Robert, P.C.  
 300 East 5th Avenue, Suite 365  
 Naperville, IL 60563

2. Article Number  
 (Transfer from service label)

7011 0110 0001 8270 0072

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x

*C. Robert*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

12/19/11

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