

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Write 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 the front if space permits.

Addressed to: 8/19/10 B.M.  
 2010-097  
 1 L. Olson  
 Arthur Shaw  
 5 S. Dearborn Street  
 Chicago, IL 60603-5803

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature- **E. RYCRAFT**  Agent  
**X** **E. RYCRAFT**  Addressee

B. Received by (*Printed Name*) C. Date of Delivery

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

Postage Number (refer from service label) 7009 0960 0000 5942 3310