

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete Restricted Delivery if desired. Print name and address on the reverse. We can return the card to you. Attach this card to the back of the mailpiece, front if space permits.

Addressed to: 1/24/13 B.M.
 3-026
 Ketzback
 Ave
 Clark Street
 300
 , IL 60601-3715

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? YesIf 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

Number (Domestic service label) 7011 0110 0001 8270 3103

11 February 2004

Domestic Return Receipt