

**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: 3/7/13 B.M.  
PCB 2013-010  
Charles F. Heston  
Hinshaw & CUIbertson  
100 Park Avenue  
P.O. Box 1389  
Rockford, IL 61105-1389

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*S. Johnson*  Addressee

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

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

2. Article Number  
(Transfer from service label) 7011 0110 0001 8270 3370