

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: 4/18/13 B.M.
PCB 2007-095
Felipe Gomez
Law Office of Felipe N. Gomez
116 S. Western Ave. - #12319
Chicago, IL 60612

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X  Addressee

B. Received by (Printed Name) **F. Gomez** Date of Delivery **MAY 23 2013**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

MAY 23 2013

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 3943

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540