
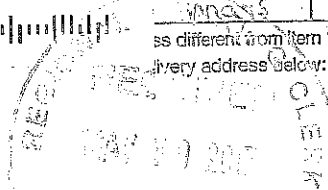



SENDER - COMPLETE THIS SECTION	RECIPIENT - COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse <input type="checkbox"/>  <p>1. Harold Abrahamson, Esq. Abrahamson, Reed & Bilse 200 Russell Street Hammond, Indiana 46320-1818</p>	Signature: <i>Jane May</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address C. Date of Delivery: <i>2-17-07</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> as different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> Delivery address below: <input type="checkbox"/> No 
	<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label) <i>CWA 05 2017 0007</i> <i>7001 0320 0005 8922 0225</i>	PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1E

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