

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:

CHUCK ROSSMIOLLER, EXECUTIVE
Director
Hospital Laundry Services
45 West Hintz Road
Wheeling, IL 60090-6073

2. Article Number
 (Transfer from service label)

7001 0320 0005 8918 7740

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 5-31-07

C. Signature
 X *Mary W...* Agent
 Addressee

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

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

EPCRA-05-2007-0022

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Compiling & Postage	\$ 2.16
Certified Fee	2.63
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.94

Postmark Here

Chuck Rossmioller, Executive
 Director
 Hospital Laundry Services
 45 West Hintz Road
 Wheeling, IL 60090-6073

See for Instructions