SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Received by (Please Print Clearly) B. Date of Delivery Congrature Agent Addressee
1. Article Addressed to:	□ D. Is defivery address different from item 1? □ Yes LEVES, enter delivery address below: □ No
Mr. Carey S. Rosemarin 500 Skokie Boulevard Suite 510	
Northbrook, Illinois 60062	3. Service Type
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7001 0320	0006 0182 4370
PS Form 3811, March 2001 Domestic R	leturn Receipt 102595-01-M-1424

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