

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:

Genghiskan Xiong, Hu Xiong, Chuhu Xiong,
and Maivtshiab Xiong
4631 North Kenmore Ave., Apt. 1
Chicago, IL 60640

TSCA-05-2008-0010

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COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from Item 1? Yes
 No
 If YES, enter delivery address below:

POS-11111111111111111111
 RECEIVED
 JAN 18 2011

REGIONAL HEARING CLERK

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

2. Article Number
 (Transfer from service label)

PS Form 3811, August 2001

M-1540

Hi La Dawn!
 Pls. include in
 the orig. case
 file.
 Thanks + Regards,
 Neeraj