

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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	
1. Article Addressed to: Mr. Mike Collins Chief operating officer Sharp Home 852 North Sharp Drive Shorewood, IL 60404 CWA-05-2009-0006	C. Signature <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; border: 2px solid red; padding: 5px;"> RECEIVED MAY 28 2009 REGIONAL HEARING CLERK USA REGION 5 </div>	
2. Article Number (Transfer from service label) 7001 0320 0005 8922 5541	3. Service Type <input checked="" 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 checked="" type="checkbox"/> G.O.D. 4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424		