

**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:

CWA-07-2012-0010

NORMAN PETERSEN  
MR JOEL BUBKE  
PETERSEN-BUBKE, LLP  
43626 1605H STREET  
MAPLETON, IOSA 51034

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Joel Bubke*

Agent

Addressee

B. Received by (Printed Name)

*Joel A Bubke*

C. Date of Delivery

*3-18-12*

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

2. Article ID  
(Transfere)

7010 2780 0001 2211 3274