

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Write your name and address on the reverse of this card 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 7.20

C. Signature Annamarela  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: \_\_\_\_\_

1. Article Addressed to:

Martin Cosentino, President  
C.G. & S. Provision Company, Inc.  
159 North Carpenter Street  
Chicago, IL 60607

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 Number

7001 0320 0006 0185 4865

(Transfer from service label)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

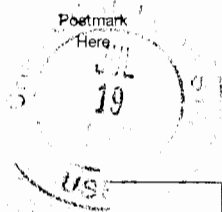
**U.S. Postal Service  
CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

5984 5810 9000 0280 7002  
7001 0320 0006 0185 4865

CECLA-05-2007-0015 MA-05-  
ECPA-05-2007-0028 2007-0008

CACC Postage	\$ 1.31
ENRMS Certified Fee	2.65
SC-6J	2.15
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 6.11</b>



S Martin Cosentino, President  
S C.G. & S. Provision Company, Inc.  
O 159 North Carpenter Street  
C Chicago, IL 60607

for Instructions