
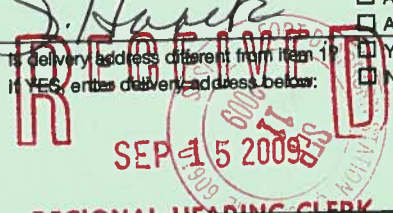



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>MM-05-2009-0006</i>	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
Bruce White, Attorney Karaganis, White & Magel Ltd. 414 North Orleans Street, Suite 810 Chicago, IL 60610		
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <i>CEPCLA-05-2009-0009</i> <i>EPPAA-05-2009-0028</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7001 0320 0006 0188 9997		
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)	
<i>CEPCLA-05-2009-0009 MM-05-2009-0006</i> <i>EPPAA-05-2009-0028</i>	
CARU Postage ENTZM:199 Certified Fee SC-63 Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required)	
Se St or Ci	Bruce White, Attorney Karaganis, White & Magel Ltd. 414 North Orleans Street, Suite 810 Chicago, IL 60610
7001 0320 0006 0188 9997	or Instructions