

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:

**Donald S. Rothchild, Attorney
Goldstine, Skrodzki, Russian
The Prairie Building
835 McClintock Drive, 2nd Floor
Burr Ridge, IL 60527-0860**

COMPLETE THIS SECTION ON DELIVERY

A. Received By (Please Print Clearly) *K. Matzel* B. Date of Delivery *7-20-07*

C. Signature *K. Matzel* Agent Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

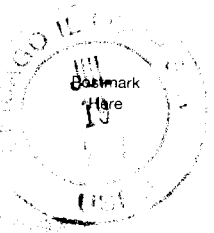
2. Article Number (Transfer from service label) **7001 0320 0006 0185 4858**

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

7001 0320 0006 0185 4858

*CEPCLA-05-2007-0015 MA-05
EPCLA-05-2007-0028 2007-0007*

CAFO Postage \$ *1.31*
ENTZMIND Certified Fee *2.65*
Return Receipt Fee (Endorsement Required) *2.15*
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees *6.11*



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See for Instructions