

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

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OFFICIAL USE

7008 3230 0003 0729 5650

Postage	\$	9/30/2010 Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage	Adam M. Meek, Esq. Brown, Udell, Pomerantz & Delrahim, Ltd. 430 Park Avenue, Suite 3A Highland Park, IL 60035	
Send to	DOCKET NO.: CWA-08-2010-0039	
Weight, Age, etc. or PO Box No.		
City, State, ZIP		

PS Form 3811, August 2008

See Reverse for Instructions

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. 	<p>A. Signature X Cynthia B. Thompson <input type="checkbox"/> Agent Addressed</p> <p>B. Received by (Printed Name) Cynthia B. Thompson</p> <p>C. Date of Delivery 10-4-10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: right;">SEP 30 2010</p> <p>Adam M. Meek, Esq. Brown, Udell, Pomerantz & Delrahim, Ltd. 430 Park Avenue, Suite 3A Highland Park, IL 60035</p> <p>DOCKET NO.: CWA-08-2010-0039</p>	<p>5. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article (Item) 7008 3230 0003 0729 5650</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p>