

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.

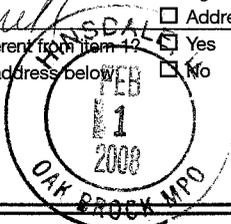
1. Article Addressed to:
 Gary Hood
 Sanford LP
 2707 Butterfield Road
 Suite 100
 Oak Brook, IL
 60523

2. Article Number
 (Transfer from service label) 7001 0320 0006 1562 3631

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *D. Odekunle* B. Date of Delivery *2/2/08*
 C. Signature *[Signature]* Agent Addressee
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below

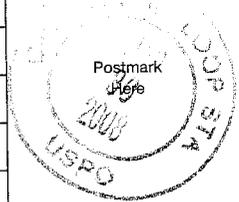


3. Service Type
 Certified Mail Express Mail
 Registered Mail Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

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

Brooks-Woodall E-135E

Postage	\$ 114
Certified Fee	265
Return Receipt Fee (Endorsement Required)	215
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 594



Sent To *Gary Hood*
 Street, Apt. No., or PO Box No. *2707 Butterfield Rd*
 City, State, ZIP+4 *Oak Brook, IL 60523*

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