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

For delivery information visit our website at www.usps.com

OFFICIAL USE *CA/PO*

Postage \$		01/12/2010 Postmark Here
Certified Fee		
Return Receipt Fee (Endowment Required)		
Restricted Delivery Fee (Endowment Required)		

Total Post Chicago Imports, Inc.
3801 West Lawrence Avenue
Chicago, IL 60665

Sent to: **DOCKET NO.: CAA-08-2010-0005**

Street, Apt. # or PO Box #

City, State, Z

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 <i>X Mark</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Chicago Imports, Inc. 3801 West Lawrence Avenue Chicago, IL 60665</p> <p>DOCKET NO.: CAA-08-2010-0005</p>	<p>3. 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>JAN 13 2010 <i>E</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>