

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

CHICAGO IL 60606

Postage	\$ 1.85	0320
Certified Fee	\$ 2.70	
Return Receipt Fee (Endorsement Required)	\$ 2.20	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.75	

Postmark Here
 APR 3 06/03/2009

Sent to David J. Wessel
 Street, Apt. No. or PO Box No. 205 W. Randolph Suite 1630
 City, State, ZIP+4 Chicago IL 60606-1844

PS Form 3800, August 2006 See Reverse for Instructions

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:
David J. Wessel
205 W. Randolph
Suite 1630
Chicago IL 60606
1844

2. Article Number
 (Transfer from service label) 7008 0500 0001 7275 0129

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Darce Marshall Agent
 Addressee

B. Received by (Printed Name)
Darce Marshall

C. Date of Delivery
4-7

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540