

7002 5007 091T 0000 8960 2E25

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 60604

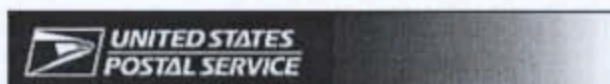
OFFICIAL USE

Postage	\$	\$0.61
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.71



Sent To Carol A. Doyle
Street, Apt. No., or PO Box No. 219 South Dearborn Street
Chambers 738
City, State, ZIP+4 Chicago, IL 60604

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. 	A. Received by (Please Print Clearly) <i>Lucas</i>	B. Date of Delivery <i>10/22/09</i>
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>Carol A. Doyle 219 South Dearborn Street Chambers 738 Chicago, IL 60604</p> </div>	C. Signature X <i>Lucas</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>219 S. Dearborn St</i>	
PS Form 3811, March 2001	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt 7005 1160 0003 0988 5232 102595-01-M-1424		



Track/Confirm - Intranet Item Inquiry - Domestic

Tracking Label: 7005 1160 0003 0988 5232

Service Calculation Acceptance Date/Time: 10/07/2009 14:53

Destination	ZIP Code: 60604	City: CHICAGO	State: IL
Origin	ZIP Code: 44125-9998	City: CLEVELAND	State: OH

Class/Service: First-Class Certified Mail**Anticipated Delivery Date:** 10/09/2009**Weight:** 0 lb(s) 2 oz(s)**Postage:** \$0.61**Zone:** 03**Firm Book ID:** [5103 0SHL X676 8851 7619](#)**Delv Rqmt:** Normal Delivery**PO Box?:** N**Rate Indicator:** Single Piece - Letters

Special Services	Associated Labels	Amount
Certified Mail	7005 1160 0003 0988 5232	\$2.80
Return Receipt	7005 1160 0003 0988 5232	\$2.30

Event	Date/Time	Location	Scanner ID
DELIVERED	10/22/2009 08:16	CHICAGO, IL 60604	030SHLZ910
	Input Method: Firm Book Finance Number: 161562 Firm Name: BK Recipient: 'L LUCAS' Request Delivery Record View Delivery Signature and Address		
ARRIVAL AT UNIT	10/21/2009 07:30	CHICAGO, IL 60604	030SHLX676
	Input Method: Firm Book		
ACCEPT OR PICKUP	10/07/2009 14:53	CLEVELAND, OH 44125	
	Input Method: Scanned		
	Finance Number: 381662		

Enter Request Type and Item Number:

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