

TO-2005-0117 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, 0 or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: Now:Acquisition Corporation Scott Kelloga 180 N. Wacker, Ste. 3 3. Service Type Lower Level Certified Mail Express Mail Chicago, IL 60606 Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) C Yes 2. Article Number 3dann 7883 (Transfer from service label) PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540 المعجر الجيسي والسائد ستصبحن الردادان الاالرار