

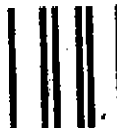
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<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Print Name) <input checked="" type="checkbox"/> C. Date of Delivery 6-23-08</p> <p>D. Is delivery address different from that on label? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>AMERICAN MAINTENANCE 180 N. LA SALLE ST SUITE 1420 CHICAGO, IL 60601</p>		<p>MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT JUL 8 2008</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7006 0810 0005 5045 4775</p>	
<p>3. Service Type</p> <p><input 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

**FILED**

JUL 08 2008  
JUL 8, 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender. Please print your name, address, and ZIP+4 in this box •

MR. CARL G. DAGLE  
9400 S. LAFAYETTE AVE  
CHICAGO, IL 60620

CASE #: 1:08-CV-00597

