

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Completes 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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>U.S. District Court Northern District of California Internal Box 36060 San Francisco, CA 94102-3434</p> </div>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</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>		<p>7006 0100 0001 7312 6899</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	

08cv4178

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 •

United States District Court (08cv4178)
Northern District of Illinois
219 S. Dearborn St., 20th Flr.
Chicago, IL 60604

RECEIVED

FEB 02 2009

MICHAEL W. DOBBINS
CLERK, U. S. DISTRICT COURT

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FILED

FEB 2 - 2009
2-2-2009
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT