

Exhibit F

7004 0750 0002 4724 4079

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

CHICAGO IL 60628

Postage	\$ 0.93 1.74	0523
Certified Fee	2.70 2.70	09 Postmark Here
Return Receipt Fee (Endorsement Required)	2.30 2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.93 6.74	05/21/2008

Sent To *Daniel McDuffie*
Deputy Director
 Street, Apt. No. or PO Box No. *723 W. 129th Place*
 City, State, ZIP+4 *Chicago, IL 60628*

PS Form 3800, June 2002 See Reverse for Instructions

7004 0750 0002 4724 4093

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

CHICAGO IL 60606

Postage	\$ 1.93 1.74	0523
Certified Fee	2.70 2.70	09 Postmark Here
Return Receipt Fee (Endorsement Required)	2.30 2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.93 6.74	05/21/2008

Sent To *Franko*
Barbo & Torres LLC
 Street, Apt. No. or PO Box No. *227 West. Madison 20th fl.*
 City, State, ZIP+4 *Chicago, IL 60606*

PS Form 3800, June 2002 See Reverse for Instructions

UNITED STATES POSTAL SERVICE

CHICAGO IL 606

28 MAY 2008 PM 1 T

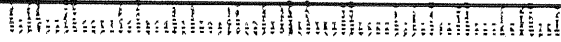


For ~~Postage~~ First-Class Mail
Postage & Fees Paid
USPS
Permit No. 6410

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

EKROTH & OSBORNE, LTD.
15 Salt Creek Lane, Suite 122
Hinsdale, IL 60521-2926

ASB (JTB)



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UNITED STATES POSTAL SERVICE

CHICAGO IL 606

28 MAY 2008 PM 1 T

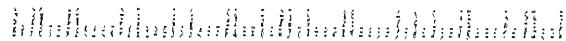


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• Sender: Please print your name, address, and ZIP+4 in this box •

EKROTH & OSBORNE, LTD.
15 Salt Creek Lane, Suite 122
Hinsdale, IL 60521-2926

ASB (JTB)



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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. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>23 May 08</i>	
1. Article Addressed to: <i>David McDuffie</i> <i>Oratory Decorators Inc.</i> <i>723 West 129th Place</i> <i>Chicago, IL</i> <i>60628</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) <u>7004 0750 0002 4724 4079</u>	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	

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. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
	B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>5/28/08</i>	
1. Article Addressed to: <i>Frank Avila Esq.</i> <i>Avila Torralba, LLC</i> <i>227 West Monroe Floor 26th</i> <i>Chicago, IL 60606</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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	