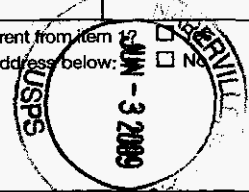


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>
1. Article Addressed to: CA Affinity One Energy Center 40 Shuman Blvd., Suite 270 Naperville IL 60563-8583	D. Is delivery address different from item 1? <input type="checkbox"/> YES If YES, enter delivery address below: <input type="checkbox"/> NO 
PSC-09-0364-PAA-T1 090265-T1	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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	7006 0810 0002 3487 6480 Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE
05718 JUN -8 8
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