

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

CHICAGO, IL 60604

OFFICIAL USE


Certified Mail Fee	\$3.35		
Extra Services & Fees (check box, add fee as appropriate)	\$2.75		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00		
<input type="checkbox"/> Return Receipt (electronic)	\$0.00		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00		
<input type="checkbox"/> Adult Signature Required	\$0.00		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
Postage	\$1.40		
<b>Total Postage and Fees</b>	<b>\$7.50</b>		

0867  
01

Postmark Here  
 07/13/2017

Sent To *Clerk's Office, U.S. Ct. of Appeals, 7<sup>th</sup> Cir.*  
 Street and Apt. No., or PO Box No. *Room 2722, 219 S. Dearborn St.*  
 City, State, ZIP+4® *Chicago, IL 60604*

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</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>1. Article Addressed to:  <i>Clerk's Office</i>  <i>5. Court of Appeals, 7<sup>th</sup> Cir.</i>  <i>Room 2722</i>  <i>219 S. Dearborn St.</i>  <i>Chicago, IL 60604</i></p> <div style="text-align: center;">             9590 9402 2068 6132 6345 91         </div>	<p>A. Signature  <input checked="" type="checkbox"/> <i>COB</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received By (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>COB</i> <span style="float: right;">7/12/17</span></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>2. Article Number (Transfer from <i>7016 3560 0000 5394 3062</i>)</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®												
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™												
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery												
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise												
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™												
<input type="checkbox"/> Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery												

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt