

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 1/23/14 B.M.
AS 2014-001
Amy Antonioli
Schiff Hardin, LLP
6600 Willis Tower
233 S. Wacker Drive
Chicago, IL 60606-6473

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Rhonda Labron Agent
 Addressee

B. Received by (Printed Name) *Rhonda Labron* C. Date of Delivery *2-5-14*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7011 0110 0001 8270 6418

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540