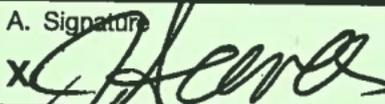


SENDER: COMPLETE THIS SECTION

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, on the front if space permits.

Postage Addressed to: 1/10/13 B.M.
 2008-096
 Loretta M. LaGrotta
 diner Koch & Weisberg
 W. Jackson Blvd., Ste. 950
 Chicago, IL 60604

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Yes
 C. Date of Delivery No

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

Tracking Number (Transfer from service label) 7011 0110 0001 8270 2892

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540