

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</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>	A. Signature <input checked="" type="checkbox"/> <i>A. Bernard</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>A. Bernard</i>	C. Date of Delivery <i>4-10-13</i>
1. Article Addressed to: 4/4/13 B.M. PCB 2013-024 Stephen J. Bonebrake Schiff Hardin, LLP 6600 Willis Tower 233 S. Wacker Drive Chicago, IL 60606-6473	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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		
2. Article Number (Transfer from service label) 7011 0110 0001 8270 3875		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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	B. Received by (Printed Name) <i>A. Bernard</i>	C. Date of Delivery <i>4-10-13</i>
1. Article Addressed to: 4/4/13 B.M. PCB 2013-024 Andrew N. Sawula Schiff Hardin, LLP 6600 Willis Tower 233 S. Wacker Drive Chicago, IL 60606-6473	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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		
2. Article Number (Transfer from service label) 7011 0110 0001 8270 3868		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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	B. Received by (Printed Name) <i>A. Bernard</i>	C. Date of Delivery <i>4-10-13</i>
1. Article Addressed to: 4/4/13 B.M. PCB 2013-024 Kathleen C. Bassi Schiff Hardin, LLP 6600 Willis Tower 233 S. Wacker Drive Chicago, IL 60606-6473	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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		
2. Article Number (Transfer from service label) 7011 0110 0001 8270 3899		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		