

**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: 3/19/09 B.M.  
 PCB 2009-021  
 Renee Cipriano  
 Schiff Hardin, LLP  
 6600 Sears Tower  
 233 S. Wacker Drive  
 Chicago, IL 60606-6473

2. Article Number  
 (Transfer from service label)

7008 1830 0003 9908 9311

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-23-09

- 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

**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: 3/19/09 B.M.

PCB 2009-021

Kathleen C. Bassi

Schiff Hardin, LLP

6600 Sears Tower

233 S. Wacker Drive

Chicago, IL 60606-6473

2. Article Number

*(Transfer from service label)*

7008 1830 0003 9908 9328

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*John S. Bassi* Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

3-23-09

D. Is delivery address different from item 1?  YesIf 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

**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: 3/19/09 B.M.

PCB 2009-021  
 Amy Antonioli  
 Schiff Hardin, LLP  
 6600 Sears Tower  
 233 S. Wacker Drive  
 Chicago, IL 60606-6473

2. Article Number


(Transfer from service label)

7008 1830 0003 9908 9335

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X


 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-23-09

 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

**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: 3/19/09 B.M.

PCB 2009-021

Keith Harley

Chicago Legal Clinic, Inc.

205 W. Monroe, 4th Floor

Chicago, IL 60606

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 9342

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Tania Santibon*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

**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: 3/19/09 B.M. ✓

PCB 2009-021

Elizabeth Schenkier

Chicago Legal Clinic, Inc.

205 W. Monroe, 4th Floor

Chicago, IL 60606

2. Article Number

(Transfer from service label) 7008 1830 0003 9908 9359

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

 X *Tania Santillan* ✓  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

 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