

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: 5/7/09 B.M.

PCB 2009-048

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 9762

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature] Agent
 Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

[Handwritten Date]

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