SENDER: COMFLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 maliplece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery E. RYCRAF
1. Article Addressed to: 10/7/10 B.M. AS 2007-006 Eric E. Boyd Seyfarth Shaw 131 S. Dearborn Street	D. Is delivery address different from item 1?
Suite 2400	3. Service Type Di Certified Mail
Chicago, IL 60603-5803	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7009 0960 0000	5942 3570
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-154

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