SENDER: COMPLETE 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 mailpiece, or on the front if space permits. 1. Article Addressed to: 12/2/10 B.M. PCB 2010-089 Jeryl L. Olson Seyfarth Shaw 131 S. Dearborn Street Suite 2400 Chicago, IL 60603-5803	A. Signature RYCRAF Agent Addressee B. Received by (Printed Name) C. Date of Delivery RYCRAFT D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	3. Service Type Certified Mail 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 4065	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE 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 mailpiece, or on the front if space permits.	A. Signature X
1. Article Addressed to: 12/2/10 B.M. PCB 2010-089 Elizabeth Leifel Ash Seyfarth Shaw	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Suite 2400 Chicago, IL 60603-5803	3. Service Type A Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7009 0960 0000 5942 4058	
PS Form 3811, February 2004 Domestic Retu	ırn Receipt 102595-02-M-1540