| . <u> </u> | |
|--|---|
| 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 malipiece, or on the front if space permits. | A. Signature X |
| 1. Article Addressed to: 3/17/11 B.M. PCB 2010-103 Renee Cipriano Schiff Hardin, LLP | Is delivery address different from Item 1? If YES, enter delivery address below: No No |
| 6600 Willis Tower 233 S. Wacker Drive Chicago, IL 60606-6473 | 3. Service Type ☐ Certifled Mall ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Transfer from service label) 7010 3090 0000 3626 9389 | |
| PS Form 3811, February 2004 Domestic Retu | ırn Receipt 102595-02-M-1540 |

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. Also complete □ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, LODE 2 or on the front if space permits. D. Is delivery address different from item 1? Article Addressed to: 3/17/11 B.M. If YES, enter delivery address below: ☐ No PCB 2010-103 Donald J. Moran Pederson & Houpt 161 N. Clark Street 3. Service Type Suite 3100 Certified Mail ☐ Express Mail Chicago, IL 60601-3224 ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail COD. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7010 3090 0000 3626 9334 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540