DER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
omplete items 1, 2, and 3. Also complete m 4 if Restricted Delivery is desired. In tyour name and address on the reverse that we can return the card to you. tach this card to the back of the mailpiece, on the front if space permits. Icle Addressed to: 11/3/11 B.M. 2010-009 esa Duckett ie, Lord, Bissell & Liddell S. Wacker Drive ago, IL 60606	A. Signature X Agent Addressee B. Received by Arinted Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below:
	3. Service Type Certified Mail Registered Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes

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