

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: **11/17/11 B.M.**
 PCB 2010-009
 Joshua R. More
 Schiff Hardin, LLP
 6600 Willis Tower
 233 S. Wacker Drive
 Chicago, IL 60606-6473

2. Article Number
 (Transfer from service label)

7011 0110 0001 8269 9758

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Agent

Addressee

C. Date of Delivery

11-22-11

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