

**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: 8/23/12 B.M.

PCB 2012-121  
 Kathleen C. Bassi  
 Schiff Hardin, LLP  
 6600 Willis Tower  
 2303 S. Wacker Drive  
 Chciago, IL 60606-6473

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1697

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Rhonda LaGrand*  Agent  
 Addressee

B. Received by (Printed Name)

*Rhonda LaGrand*

C. Date of Delivery

*8-27-12*

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

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1. Article Addressed to: 8/23/12 B.M.  
 PCB 2012-121  
 Stephen J. Bonebrake  
 Schiff Hardin, LLP  
 6600 Willis Tower  
 233 S. Wacker Drive  
 Chicago, IL 60606-6473

2. Article Number

(Transfer from service label) 7011 0110 0001 8270 1680

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Rhonda LaGrand  Agent  
 Addressee

B. Received by (Printed Name)

Rhonda LaGrand

C. Date of Delivery

8-27-12

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)

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