

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: 9/20/12 B.M.
 PCB 2010-009
 James L. Curtis
 Seyfarth Shaw LLP
 131 S. Dearborn Street
 Suite 2400
 Chicago, IL 60603-5803

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1963

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **E. RYCRAFT** Agent Addressee
 X
 B. Received by (Printed Name) **E. RYCRAFT** C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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: 9/20/12 B.M.
 PCB 2010-009
 Elizabeth Leifel Ash
 Seyfarth Shaw LLP
 131 S. Dearborn Street
 Suite 2400
 Chicago, IL 60603-5803

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1970

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **E. RYCRAFT** Agent Addressee
 X
 B. Received by (Printed Name) **E. RYCRAFT** C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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: 9/20/12 B.M.
 PCB 2010-009
 Charles T. Wehland
 Jones Day
 77 W. Wacker Drive
 Suite 3500
 Chicago, IL 60601-1692

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 2007

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature **James O. Johnson** Agent Addressee
 B. Received by (Printed Name) **James O. Johnson** C. Date of Delivery **9-25-12**
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>James O Johnson</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>9-25-12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: 9/20/12 B.M. PCB 2010-009 Michael F. Dolan Jones Day 77 W. Wacker Drive Suite 3500 Chicago, IL 60601-1692</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7011 0110 0001 8270 2014</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154</p>	

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<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Ed Goble</i></p> <p>B. Received by <i>Ed Goble</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: 9/20/12 B.M. PCB 2010-009 Mathew L. Larsen Shook, Hardy & Bacon, L.L.P. 2555 Grand Blvd. Kansas City, MO 64108</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7011 0110 0001 8270 2045</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p>1. Article Addressed to: 9/20/12 B.M. PCB 2010-009 Kristin L. Parker Jones Day 77 W. Wacker Drive Suite 3500 Chicago, IL 60601-1692</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7011 0110 0001 8270 1994</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	