

**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: 4/4/13 B.M.  
PCB 2010-009  
Michael F. Dolan  
Jones Day  
77 W. Wacker Drive  
Suite 3500  
Chicago, IL 60601-1692

2. Article Number  
(Transfer from service label)

7011 0110 0001 8270 3769

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*James Johnson*  Addressee

B. Received by (Printed Name)

C. Date of Delivery  
4-11-13

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