

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to: 9/19/13 B.M. PCB 2012-021 Stephanie B. Sebor Winston & Strawn L.L.P. 35 W. Wacker Drive Suite 4200 Chicago, IL 60601-9703</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 9/23/13</p>
<p>2. Article Number (Transfer from service label)</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>3. Service Type <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>7011 0110 0001 8270 5213</p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		

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<p>1. Article Addressed to: 9/19/13 B.M. PCB 2012-021 Thomas J. Immel Feldman, Wasser, Draper & Cox 1307 S. Seventh St. P.O. Box 2418 Springfield, IL 62705</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery 9-24-13</p>
<p>2. Article Number (Transfer from service label)</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>	
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