

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                     |
|--|---|---------------------|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br><b>X</b> <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span>   |                     |
| 1. Article Addressed to: 1/9/14 B.M.<br>PCB 2014-068 thru PCB 2014-072<br>Fred McCluskey<br>Midwest Generation<br>440 S. LaSalle Street<br>Suite 3500<br>Chicago, IL 60605   | B. Received by (Printed Name)   | C. Date of Delivery |
| 2. Article Number<br><i>(Transfer from service label)</i>  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No<br><div style="text-align: center;"> <p><b>JUAN PRADO</b></p> <p><b>JAN 13 RECD</b></p> <p><b>US MESSENGER</b></p> </div>           |                     |
|  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |                     |
|  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                     |
| PS Form 3811, February 2004 <span style="margin-left: 100px;">7011 0110 0001 8270 6319</span> <span style="float: right;">Domestic Return Receipt</span>   |   |                     |

102595-02-M-1540