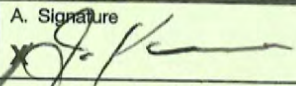


| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|--------------------------------|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee  | |
| | B. Received by (Printed Name) D. Kell | C. Date of Delivery 4/14/14 |
| 1. Article Addressed to: 3/20/14 B.M. PCB 2006-070 Thomas W. Dimond Ice Miller LLP 200 W. Madison Suite 3500 Chicago, IL 60606 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | 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. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Transfer from service label) 7011 0110 0001 8270 6791 | | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | |

| 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. | A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X A RYCRAFT | |
| | B. Received by (Printed Name) | C. Date of Delivery |
| 1. Article Addressed to: 3/20/14 B.M. PCB 2006-070 David Rieser 1000 N. Shelton PC 1000 N. Wacker Drive Suite 1800 Chicago, IL 60606 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | 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. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Transfer from service label) 7011 0110 0001 8270 6784 | | |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 | | |