

**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: 12/18/14 B.M.  
PCB 2015-065 169 ✓  
Jennifer J. Sackett Pohlenz  
Clark Hill, PLC  
150 N. Michigan Avenue  
Suite 2700  
Chicago, IL 60601

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
*[Signature]* 12/22/14

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7014 0510 0001 5481 9439