

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: 2/5/15 B.M.
PCB 2006-062
Stephen J. Bonebrake
Schiff Hardin, LLP
6600 Willis Tower
233 S. Wacker Drive
Chicago, IL 60606-6473

2. Article Number
(Transfer from service label) 7014 0510 0001 5481 9897

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
X *A. Bonebrake* Addressee
- B. Received by (Printed Name) *A. Bonebrake* C. Date of Delivery *2-10-15*
- 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

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1. Article Addressed to: 2/5/15 B.M.
PCB 2006-062
Joshua R. More
Schiff Hardin, LLP
6600 Willis Tower
233 S. Wacker Drive
Chicago, IL 60606-6473

2. Article Number
(Transfer from service label) 7014 0510 0001 5481 9903

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
X *A. Bonebrake* Addressee
- B. Received by (Printed Name) *A. Bonebrake* C. Date of Delivery *2-10-15*
- 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

Domestic Return Receipt