

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 <input checked="" type="checkbox"/> <i>Steve Straw</i> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee           </div>
1. Article Addressed to: 4/16/15 B.M. AS 2013-002 Roy M. Harsch Drinker Biddle & Reath 191 N. Wacker Drive Suite 3700 Chicago, IL 60606-1698	B. Received by (Printed Name) <i>STEVE STRAW</i> <div style="float: right;">           C. Date of Delivery         </div>
2. Article Number (Transfer from service label)	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"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7014 0510 0001 5481 6063
PS Form 3811, July 2013	Domestic Return Receipt