

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: 5/7/15 B.M.
PCB 2015-172
Thomas D. Lupo
Hinshaw & Culbertson
222 N. LaSalle Street
Suite 300
Chicago, IL 60601-1081

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Mast...* Agent
 Addressee

B. Received by (*Printed Name*) C. Date of Delivery
5-15

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

2. Article Number
(*Transfer from service label*) 7014 0510 0001 5481 6247

PS Form 3811, July 2013

Domestic Return Receipt