

| 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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>K. DiBenedetto</i> |
| 1. Article Addressed to: 7/9/15 B.M. PCB 2015-080 Meghan E. Preston Rathbun, Cservenyak & Kozol, LLC 9450 Enterprise Drive Mokena, IL 60448 | B. Received by (Printed Name) <i>K. DiBenedetto</i> C. Date of Delivery <i>7/16/15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 2. Article Number (Transfer from service label) | 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 |
| 7014 0510 0001 5481 6544 | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| PS Form 3811, July 2013 Domestic Return Receipt | |

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| 1. Article Addressed to: 7/9/15 B.M. PCB 2015-080 T. Logan Development, LLC Washington Street Chicago, IL 60602 | B. Received by (Printed Name) C. Date of Delivery <i>7-16-15</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| 2. Article Number (Transfer from service label) | 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 |
| 7014 0510 0001 5481 6537 | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| PS Form 3811, July 2013 Domestic Return Receipt | |