

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"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>William J. Hill</i>	C. Date of Delivery <i>7-28-15</i>
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		
1. Article Addressed to: <i>7/23/15 B.M.</i> PCB 2006-062 Kathleen C. Bassi Schiff Hardin, LLP 6600 Willis Tower 233 S. Wacker Drive Chicago, IL 60606-6473		
2. Article Number (Transfer from service label) <i>7014 0510 0001 5481 6735</i>		
PS Form 3811, July 2013 Domestic Return Receipt		

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4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
1. Article Addressed to: <i>7/23/15 B.M.</i> 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) <i>7014 0510 0001 5481 6742</i>		
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	B. Received by (Printed Name) <i>William J. Hill</i>	C. Date of Delivery <i>7-28-15</i>
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		
1. Article Addressed to: <i>7/23/15 B.M.</i> PCB 2006-062 Bina Joshi Schiff Hardin, LLP 6600 Willis Tower 233 S. Wacker Drive Chicago, IL 60606-6473		
2. Article Number (Transfer from service label) <i>7014 0510 0001 5481 6733</i>		
PS Form 3811, July 2013 Domestic Return Receipt		