

| 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 X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: 9/17/15 B.M. PCB 2015-200 Equity Lifestyle CT Corporation Systems 208 S. LaSalle Street Suite 814 Chicago, IL 60604-1101 | B. Received by (<i>Printed Name</i>) | C. Date of Delivery |
| | 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 (<i>Transfer from service label</i>) | 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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes | |
| PS Form 3811, July 2013 Domestic Return Receipt | | |

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