

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: 12/17/15 B.M.
PCB 2006-056 & PCB 2008-019
Kathleen C. Bassi
Schiff Hardin, LLP
233 S. Wacker Drive
Suite 6600
Chicago, IL 60606-6473

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COMPLETE THIS SECTION ON DELIVERY

A. Signature
 A. Bassi Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
A. Bassi *12-22-15*

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