

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
Stephen J. Bonebrake
Schiff Hardin, LLP
233 S. Wacker Drive
Suite 6600
Chicago, IL 60606-6473

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
A. Bonebrake

B. Received by (Printed Name) Agent
A. Bonebrake C. Date of Delivery Addressee
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

2. Article Number (Transfer from service label) 7014 0510 001 5481 8555

PS Form 3811, July 2013 Domestic Return Receipt

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1. Article Addressed to: 12/17/15 B.M.
PCB 2006-056 & PCB 2008-019
Bina Joshi
Schiff Hardin, LLP
233 S. Wacker Drive
Suite 6600
Chicago, IL 60606-6473

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
A. Bonebrake

B. Received by (Printed Name) Agent
A. Bonebrake C. Date of Delivery Addressee
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

2. Article Number (Transfer from service label) 7014 0510 0001 5481 8562

PS Form 3811, July 2013 Domestic Return Receipt