

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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: 4/21/16 B.M.
PCB 2016-056
Donald J. Moran
Pederson & Houpt
161 N. Clark Street
Suite 2700
Chicago, IL 60601-3224

A. Signature
X *[Handwritten Signature]* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
[Handwritten Name] *[Handwritten Date]*

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 8326