

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete if Restricted Delivery is desired. Your name and address on the reverse of this card to be returned to you. Write this card to the back of the mailpiece, one front if space permits.

Addressed to: 11/17/16 B.M.

16-112

J M. Saines

McKenzie LLP

Randolph Street

3000

Chicago, IL 60601

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

WJANN

C. Date of Delivery

12/1

D. Is delivery address different from item 1? Yes

if YES, enter delivery address below: No

3. Service Type

Certified Mail®

Registered

Insured Mail

Priority Mail Express™

Return Receipt for Merchandise

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes