

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: 9/16/10 B.M.

PCB 2000-211

Yesenia Villasenor-Rodriguez

Drinkler Biddle & Reath

191 N. Wacker Drive

Suite 3700

Chicago, IL 60606-1698

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 3488

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

A. RYCRAFT

☐ Agent☐ Addressee

B. Received by (Printed Name)

A. RYCRAFT

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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1. Article Addressed to: 9/16/10 B.M.

PCB 2000-211

Lawrence W. Falbe

Drinkler Biddle & Reath

191 N. Wacker Drive

Suite 3700

Chicago, IL 60606-1698

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 3464

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

A. RYCRAFT

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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1. Article Addressed to: 9/16/10 B.M.

PCB 2000-211

Roy M. Harsch

Drinkler Biddle & Reath

191 N. Wacker Drive

Suite 3700

Chicago, IL 60606-1698

2. Article Number

(Transfer from service label)

7009 0960 0000 5942 3471

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

A. RYCRAFT

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes