

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: 4/7/11 B.M.

PCB 2004-185

Kathryn McCulloch Long

Schiff Hardin LLP

6600 Willis Tower

233 S. Wacker Drive

Chicago, IL 60606-6473

2. Article Number

(Transfer from service label)

7011 0110 0001 8269 7631

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

J. S. Anderson Agent Addressee

B. Received by (Printed Name)

J. S. ANDERSON

C. Date of Delivery

*4-11-11*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