

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.

Article Addressed to: 9/20/12 B.M.

2011-067
Seyller
of Cortland
South Somonauk Road
Box 519
Cortland, IL 60112-0519

Article Number
(Transfer from service label) 7011 0110 0001 8270 1895

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent
 Addressee

B. Received by (Printed Name)

FRAN

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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Article Addressed to: 9/20/12 B.M.

B 2011-067
M. Harsch
Inker Biddle & Reath, LLP
1 N. Wacker Drive
Suite 3700
Chicago, IL 60606

Article Number
(Transfer from service label) 7011 0110 0001 8270 1901

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent
 Addressee

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C. Date of Delivery

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