SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to: 10/18/12 B.M. PCB 2012-094 Ariel J. Tesher SNR Denton US LLP 233 S. Wacker Drive Suite 7800 Chicago, IL 60606-6404	
	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7011 0110 0001 8270 2137	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: 10/18/12 B.M. PCB 2009-094 Jeffrey C. Fort SNR Denton US LLP 2313 S. Wacker Drive Suite 7800 Chicago, IL 60606-6404	D. Is delivery address different frøm item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	3. Service Type  Certified Mail  Registered Return Receipt for Merchandise  C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7011 0110 0001 8270 2120	
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