

**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: 11/20/14 B.M.  
PCB 2014-129  
Gabriel M. Rodriguez  
Schiff Hardin, LLP  
6600 Willis Tower  
233 S. Wacker Drive  
Chicago, IL 60606-6473

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Gabriel M. Rodriguez*  Agent  
 Addressee

B. Received by (Printed Name) *Gabriel M. Rodriguez* 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®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7014 0510 0001 5481 9675

PS Form 3811, July 2013

Domestic Return Receipt