

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: 7/12/12 B.M.
 PCB 2012-125
 Kristin I. Parker
 Jones Day
 77 W. Wacker Drive
 Suite 3500
 Chicago, IL 60601-1692

2. Article Number
 (Transfer from service label)

7011 0110 0001 8270 1369

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *James D Johnson* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-18-12

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