

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: MIDWEST GENERATION, LLC c/o CT Corporation System, Reg. Agent 208 S. LaSalle Street, Suite 814 Chicago, Illinois 60604	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; font-size: 2em; opacity: 0.5;">Received</div> Agent DEC 19 2012	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service lab) 7009 0080 0000 8433 2024		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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<ul style="list-style-type: none"> 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. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>Kalle</i>	
	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: MIDWEST GENERATION, LLC 3 Mac Arthur Place, Suite 100 Santa Ana, California 92707-6068	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; border: 2px solid black; border-radius: 50%; padding: 5px;"> SANTA ANA, CA ANNEX DEC 20 2012 1515 </div>	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7009 0080 0000 8433 2031		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540