

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired. Write your name and address on the reverse of this card to the back of the mailpiece, on the front if space permits.

Addressed to: 1/10/13 B.M.  
2011-053  
M. Harsch  
Walker Biddle & Reath  
1100 Wacker Drive  
Chicago, IL 60606-1698

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** [Signature]  
 Agent  
 Addressee

B. Received by (Printed Name)  
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

Postnet Number (Transfer from service label) 7011 0110 0001 8270 2908

Postmark: 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Addressed to: 1/10/13 B.M.  
2011-053  
Mark Eisenberg, President  
1100 Meyer Road  
Chicago Grove, IL 60081

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** [Signature]  
 Agent  
 Addressee

B. Received by (Printed Name)  
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

Postnet Number (Transfer from service label) 7011 0110 0001 8270 2915

Postmark: 3811, February 2004 Domestic Return Receipt 102595-02-M-1540