

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. 		<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>A. Signature <div style="display: flex; align-items: center;"> X </div> </p> <p>B. Received by (Printed Name) <div style="border: 1px solid black; padding: 2px; display: inline-block;">A. Bernard</div> </p> </div> <div style="width: 35%;"> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <div style="border: 1px solid black; padding: 2px; display: inline-block;">4-10-13</div> </p> </div> </div> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: 4/4/13 B.M. PCB 2013-024 Stephen J. Bonebrake Schiff Hardin, LLP 6600 Willis Tower 233 S. Wacker Drive Chicago, IL 60606-6473</p>		<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div style="width: 50%;"> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7011 0110 0001 8270 3875</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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<p>1. Article Addressed to: 4/4/13 B.M. PCB 2013-024 Andrew N. Sawula Schiff Hardin, LLP 6600 Willis Tower 233 S. Wacker Drive Chicago, IL 60606-6473</p>		<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div style="width: 50%;"> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7011 0110 0001 8270 3868</p>			
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<p>1. Article Addressed to: 4/4/13 B.M. PCB 2013-024 Kathleen C. Bassi Schiff Hardin, LLP 6600 Willis Tower 233 S. Wacker Drive Chicago, IL 60606-6473</p>		<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div style="width: 50%;"> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7011 0110 0001 8270 3899</p>			
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