

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: 1/23/14 B.M.
 AS 2014-001
 Renee Cipriano
 Schiff Hardin, LLP
 6600 Willis Tower
 233 S. Wacker Drive
 Chicago, IL 60606-6473

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Rhonda Labron* Agent Addressee

B. Received by (Printed Name) *Rhonda Labron* C. Date of Delivery *2-5-14*

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

2. Article Number
 (Transfer from service label) 7011 0110 0001 8270 6401

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1. Article Addressed to: 1/23/14 B.M.
 AS 2014-001
 Gabriel M. Rodriquez
 Schiff Hardin, LLP
 6600 Willis Tower
 233 S. Wacker Drive
 Chicago, IL 60606-6473

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 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label) 7011 0110 00018270 6395