

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: 5/16/13 B.M.
PCB 2008-059
Thomas D. Lupo
Hinshaw & Culbertson
222 N. LaSalle Street
Suite 300
Chicago, IL 60601-1081

COMPLETE THIS SECTION ON DELIVERY

A. Signature **XM-ORTIZ** Agent Addressee

B. Received by (Printed Name) C. Date of Delivery **5-23-**

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: 7011 0110 0001 8270 4094
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540