

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: 7/25/13 B.M.
PCB 2012-021
Eleni Kouimelis
Winston & Strawn LLP
35 W. Wacker Drive
Suite 4200
Chicago, IL 60601-9703

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *[Handwritten Signature]* Addressee
B. Received by (Printed Name) *[Handwritten Name]*
C. Date of Delivery *7/25/13*
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 4773

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540