

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) SIBURN S	C. Date of Delivery 3/7/16
1. Article Addressed to: 3/3/16 B.M. PCB 2010-020 Edward P. Freud Ruff, Freud, Breems & Nelson, Ltd. 200 N. LaSalle Street Suite 2020 Chicago, IL 60601	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7014 0510 0001 5481 7831	
PS Form 3811, July 2013 Domestic Return Receipt		

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1. Article Addressed to: 3/3/16 B.M. PCB 2010-020 Michael B. Bregman Ruff, Freud, Breems & Nelson, Ltd. 200 N. LaSalle Street Suite 2020 Chicago, IL 60601	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7014 0510 0001 5481 7848	
PS Form 3811, July 2013 Domestic Return Receipt		