

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: 9/4/14 B.M.
 PCB 2012-050
 William Mosconi
 DeFrenza Mosconi, PC
 707 Skokie Boulevard
 Suite 410
 Northbrook, IL 60062

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 X *[Signature]*
 B. Received by (Printed Name) C. Date of Delivery
 ALIA KATC 9/8/14
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label) 7014 0510 0001 5481 5622

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to: 9/4/14 B.M.
 PCB 2012-050
 William G. Dickett
 Sidley Austin LLP
 One South Dearborn
 Suite 900
 Chicago, IL 60603

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 X *[Signature]*
 B. Received by (Printed Name) C. Date of Delivery
 [Signature] 9/8
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label) 7014 0510 0001 5481 5592

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"/> <i>[Signature]</i>	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 9/4/14 B.M. PCB 2012-050 Alan P. Bielawski Sidley Austin LLP One South Dearborn Suite 900 Chicago, IL 60603	B. Received by (Printed Name)	C. Date of Delivery 9/8
	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 5608	
	PS Form 3811, July 2013 Domestic Return Receipt	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

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<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"/> <i>[Signature]</i>	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 9/4/14 B.M. PCB 2012-050 Katharine F. Newman Sidley Austin LLP One South Dearborn Suite 900 Chicago, IL 60603	B. Received by (Printed Name)	C. Date of Delivery 9/8
	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 5615	
	PS Form 3811, July 2013 Domestic Return Receipt	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		