

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: 11/6/14 B.M.
 PCB 2014-134
 Amy Antonioli
 Schiff Hardin, LLP
 6600 Willis Tower
 233 S. Wacker Drive
 Chicago, IL 60606-6473

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
A. Bernard

B. Received by (Printed Name) C. Date of Delivery
A. Bernard 11-10-14

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 8692

Domestic Return Receipt

PS Form 3811, July 2013

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1. Article Addressed to: 11/6/14 B.M.
 PCB 2014-134
 Renee Cipriano
 Schiff Hardin, LLP
 6600 Willis Tower
 233 S. Wacker Drive
 Chicago, IL 60606-6473

COMPLETE THIS SECTION ON DELIVERY

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 Addressee
A. Bernard

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A. Bernard 11-10-14

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 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

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	B. Received by (Printed Name) <i>A. Bernad</i>	C. Date of Delivery <i>11-10-14</i>
Article Addressed to: 11/6/14 B.M. PCB 2014-134 Ashley Thomson Schiff Hardin, LLP 6600 Willis Tower 233 S. Wacker Drive Chicago, IL 60606-6473	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
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		
Article Number (Transfer from service label) 7014 0510 0001 5481 8715		
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
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	B. Received by (Printed Name) <i>A. Bernad</i>	C. Date of Delivery <i>11-10-14</i>
1. Article Addressed to: 11/6/14 B.M. PCB 2014-134 James Michael Showalter Schiff Hardin, LLP 6600 Willis Tower 233 S. Wacker Drive Chicago, IL 60606-6473	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
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		
2. Article Number (Transfer from service label) 7014 0510 0001 5481 8722		
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