

**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: 9/3/15 B.M.

PCB 2014-127  
Lawrence N. Stein  
20 N. Clark Street  
Suite 1725  
Chicago, IL 60602

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-21

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

3. Service Type

Certified Mail®

Registered

Insured Mail

Priority Mail Express™

Return Receipt for Merchandise

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number  
(Transfer from service label)

7014 0510 0001 5481 6995

PS Form 3811, July 2013

Domestic Return Receipt