SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 mallpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature X Agent Addressee
Article Addressed to: Mr. Monte D. Molou	Yes enter delivery address below: MAY 2 2 2010
Mr. Mark D. Molay Sears Holdings MGMT Corp.	10 S
3333 Beverly Road, B6-324A	3. Service Type VIR ONMENTAL
Hoffman Estates, Illinois 60179	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Maii ☐ C.O.D.
7I7RA-05-2010-0015	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7009 1650 0000 7667 3174	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424	