

**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:

Susan Harris  
 Sidley Austin LLP  
 One South Dearborn  
 Chicago, IL 60603

**CAA-05-2010-0007**

2. Article Number  
(Transfer from service label)

7001 0320 0005 8917 7451

PS Form 3811, March 2001

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *J. H. Hoken* B. Date of Delivery *1-4-10*

C. Signature *J. H. Hoken*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

**RECEIVED**  
**JAN 12 2010**

3. Service Type  
 Certified Mail  Express Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

102595-01-M-1424