

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
1. Article Addressed to: <p style="font-size: 1.5em; margin-left: 40px;">CWA-07-2011-0004</p> <p style="margin-left: 40px;">GARRETT L BOEHM, JR JOHNSON & BELL PC 33 WEST MONROE ST, SUITE 2700 CHICAGO, ILLINOIS 60603-5404</p>	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
2. Article Number (Transfer from)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold; opacity: 0.5;">APR 04 2011</div>	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
	7006 2760 0000 8645 3150	