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 Complete items 1, 2, and 3. Also citem 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to your Attach this card to the back of the or on the front if space permits. 	red. e reverse ou.	A. Signature X Encel Crecel/od by Crin	<u> </u>	Agent Addressee C. Date of Delivery
1. Article Addressed to: Thousand Trails L.P.	ę.	0. Is delivery address If YESP enter delivery	1 3	
Two North Riverside Plaza, Chicago IL 60606-2682	Suite 800	3. Service Type Certified Mail Registered ☐ Insured Mail	☐ Express Mai ☐ Return Rece ☐ C.O.D.	il ipt for Merchandise
PSC-09-6410-C6-TC	0902471	4. Restricted Delivery	? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7006 083	LO 0002 348	7 7333	
PS Form 3811 February 2004	Domestic Ret	um Receipt		102505-02-14-15-40

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