

RECEIVED-FPSC

11 SEP -2 AM 8:39

COMMISSION  
CLERK

COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>
<p>1. Article Addressed to: <b>110124-TX</b> <b>02801-11</b></p> <p><b>JULIE MUSSELMAN OOST ESQ</b> <b>KELLEY DRYE &amp; WARREN LLP</b> <b>333 W WACKER DR STE 2600</b> <b>CHICAGO IL 60606</b></p>	<p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES, enter delivery address below:</p> <p><i>[Circular Postmark]</i></p>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 3410 0002 4112 6624</p> <p>Domestic Return Receipt</p> <p>102595-02-M-1540</p>

DOCUMENT NUMBER-DATE

06346 SEP-2 =

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