SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> </ul>	A. Signature
Print your name and address on the reverse	X Addressed
so that we can return the card to you.  Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits.	S. Chetur 12-26
. Article Addressed to: 12/20/18 B.M.?	D. Is delivery address different from item 1?
PCB 2016-014	CI FRU.
Mario Treto	DEC 28 2018
Corporation Counsel	DEC
City of Evanston Law Department	Frate of Hallon
2100 Ridge Road Evanston, IL 60201	3. Service Type ☐ Confidence ☐ Priority Mail Express™
Evanston, 11 00201	☐ Registered ☐ Return Receipt for Merchandise
	☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 0510 0001	5/81 3673
PS Form 3811, July 2013 Domestic Ret	
• *** ********************************	
The state of the s	1
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECT!ON ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X Agent
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Deliver
Attach this card to the back of the mailpiece, or on the front if space permits.	DesowstEl 12-26-1
1. Article Addressed to: 12/20/18 B.M.	D. Is delivery address different from item 1?  Yes
PCB 2016-014	If YES, enter delivery address below:
Richard Rinchich Director of Public Works	12015440 Central
Director of Public Works	100
City of Oak Forest	Thread 27
15440 S. Central Avenue	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™
Oak Forest, IL 60452	☐ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandis
	☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 0510 00	001 5481 3727
DO = 0044	eturn Receipt
Domostio He	
SENDED, COMPLETE THE	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> </ul>	A. Signature
Print your name and address on the reverse	Agent Address
so that we can return the card to you.  Attach this card to the back of the mailpiece,	B. Received by (Printed Name)  C. Date of Delive
or on the front if space permits.	M. Meyers 12/26/18
1. Article Addressed to: 12/20/18 B.M.	D. Is delivery address different from item 1?
PCB 2016-014	If YES, enter delivery address below:   No
Michael J. Marovich	DEC % = 6
10759 W. 159th St.	DEC 6 - 4
Suite 201	
Orland Park, IL 60601	3. Service Type
	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Merchandis
	☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 0510 0001	5/81 27/1
00 = 0014	turn Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X Of I paul
SO that we can return the card to you	T Addresse
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)  C. Date of Deliver
1. Article Addressed to: 12/20/18 B.M.	D Is delivery address different from item 1? ☐ Yes
PCB 2016-014	If YES, enter delivery address below:
Lindsay Birt, Ph.D	UK V
Huff & Huff	No. West
915 Harger Road	STATE
Suite 330	99
Oak Brook, IL 60523	3. Service Type  → Certified Mail® □ Priority Mail Express™
00025	
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number ( <i>Transfer from service label</i> ) 7014 0510 0001	I les
( <i>Transfer from service label</i> ) 7014 0510 0001 PS Form 3811, July 2013	
Inmasta 13-4	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.	X Wistory Addresser
Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece,	B. Heceived by (Printedavarile)
or on the front if space permits.	D. Is delivery address different from item 1?
1. Article Addressed to: 12/20/18 B.M.	If YES, enter delivery address below:
PCB 2016-014	DEC 28 2018
Christopher J. Cummings	
Christopher J. Cummings, P.C.	STATE OF ILLEG S
2014 Hickory Road, Suite 205	Pollution Control Ligard
Homewood, IL 60430	3. Service Type
	☐ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandis
	☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	
(Transfer from service label) 7014 0510 00	001 5481 3581
PS Form 3811, July 2013 Domestic I	Return Receipt
	· e.
SEMDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	A. Signature
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Agent
Print your name and address on the reverse	Address
so that we can return the card to you.  Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delive
or on the front if space permits.	MAN DENTAL DESTRUCTION
1. Article Addressed to: 12/20/18 B.M.	D. Is delivery address different from item 1? Yes
PCB 2016-014	MYES, enter delivery address below:
Michael R. Stiff	STATE
Specia and Taylor	Pollution (
1415 Black Road	
Joliet, IL 60435	3. Service Type
	☐ Certified Mail® ☐ Priority Mail Express™
	☐ Registered ☐ Return Receipt for Merchandi
	☐ Insured Mail ☐ Collect on Delivery
The second secon	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number  (Transfer from service label) 7014 0510 000	01 5481 3765
(mariotal manual manual)	
PS Form 3811, July 2013 Domestic	Return Receipt

■ 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 malipiece or on the front if space permits.  1. Article Addressed to: 12/20/18 B.M.  PCB 2016-014 Chuck Anthony, Attorney Caterpillar, Inc. 100 NE Adams St. Peoria, IL 61629  2. Article Number (Transfer from service label) 7014 0510 0001 5481 3789  PS Form 3811, July 2013  Domestic Return Receipt  COMPLETE THIS SECTION  ■ Complete germs 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 malipiece, or on the front if space permits.  1. Article Number (Transfer from service label) 7014 0510 0001 5481 3780  PS Form 3811, July 2013  COMPLETE THIS SECTION ON DELIVERY  A Signature A Signatur	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
1. Article Addressed to: 12/20/18 B.M.  PCB 2016-014 Chuck Anthony, Attorney Caterpillar, Inc. 100 NF Adams St. Peoria, IL 61629  2. Article Number (Transfer from service label) 7014 0510 0001 5481 3789  PS Form 3811, July 2013  Domestic Return Receipt  COMPLETE THIS SECTION  Complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the eard to you. Attach this card to the back of the malipiece, or on the front if space permits.  Article Addressed to: 12/20/18 B.M. PCB 2016-014 Andrew N. Fiske Holland & Knight, LLC 131 S. Dearborn Street 30th Floor Chicago, IL 60603  Carticle Number (Transfer from service label) 7014 0510 0001 5481 37±0  PS Form 3811, July 2013  Domestic Return Receipt  COMPLETE THIS SECTION on DELIVERY  A. Signature  X. A. Signature X. A. Signa	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.	B. Received by (Printed Name)  C. Date of I
Peoria, IL 61629    Constitution   Priority Mail Express   Priority Mail Expre	PCB 2016-014 Chuck Anthony, Attorney Caternillar, Inc.	28 2018 DEC 2 C 2019
PS Form 3811, July 2013  Domestic Return Receipt    Complete His Section   Complete His Sec	Peoria, IL 61629	☐ Registered ☐ Heturn Regeipt for Merch ☐ Insured Mail ☐ Collect on Delivery
Complete terms 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverses 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.  Article Addressed to: 12/20/18 B.M.  PCB 2016-014  Andrew N. Fiske  Holland & Knight, LLC  131 S. Dearborn Street  30th Floor  Chicago, IL 60603  Certified Mail   Priority Mail Express**  Resistered Delivery? (Extra Fee)   Yes  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 reverses 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  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  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  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address below:  DEC 28 2018  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address below:  DEC 28 2018  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address below:  DEC 28 2018  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address below:  DEC 28 2018  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address below:  DEC 28 2018  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address below:  DEC 28 2018  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address below:  DEC 28 2018  Complete items 1, 2, and 3. Also comple	(Transfer from service label) 7014 0510 0001	. 5481 3789
■ Complete terms 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: 12/20/18 B.M. PCB 2016-014  Andrew N. Fiske Holland & Knight, LLC 131 S. Dearborn Street 30th Floor Chicago, IL 60603    1	PS Form 3811, July 2013 Domestic Ret	turn Receipt
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: 12/20/18 B.M.  PCB 2016-014  Andrew N. Fiske  Holland & Knight, LLC  131 S. Dearborn Street  30th Floor  Chicago, IL 60603  1  Conject of Chicago, IL 60603  1  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.  Article Addressed to: 12/20/18 B.M.  PCB 2016-014  Margaret T. Conway  Metropolitan Water Reclamation  District  100 E. Erie Street  Chicago, IL 60611  Chicago in the front if print in the card to you.  Brint yes, interd Mail chicago, in the milpiece, or on the front if space permits.  SENDER: 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.  Brint YES, enter delivery address below:   No.    Complete This Section   Priority Mail Express   Priority Mail Expre		。 1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,
Article Addressed to: 12/20/18 B.M.  PCB 2016-014 Andrew N. Fiske Holland & Knight, LLC 131 S. Dearborn Street 30th Floor Chicago, IL 60603    Certified Mail*   Priority Mail Express**   Registered   Return Receipt for Merc   Insured Mail   Collect on Delivery	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,	B. Received by (Printed Name)  C. Date of C.
30th Floor Chicago, IL 60603    Control of the cont	PCB 2016-014 Andrew N. Fiske	ER If YES, enter delivery address below:   No
2. Article Number  (Transfer from service label)  PS Form 3811, July 2013  Domestic Return Receipt  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: 12/20/18 B.M.  PCB 2016-014  Margaret T. Conway  Metropolitan Water Reclamation  District  100 E. Erie Street  Chicago, IL 60611  COMPLETE THIS SECTION  A. Signature  A. Signatur	30th Floor Chicago, IL 60603	☐ Registered ☐ Return Receipt for Merch ☐ Insured Mail ☐ Collect on Delivery
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: 12/20/18 B.M.  PCB 2016-014  Margaret T. Conway  Metropolitan Water Reclamation  District  100 E. Erie Street  Chicago, IL 60611  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery address on the reverse so that we can return the card to you.  B. Beceived A. Signature  X  B. Beceived A. Signature  A. Sig		
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: 12/20/18 B.M.  PCB 2016-014  Margaret T. Conway  Metropolitan Water Reclamation  District  100 E. Erie Street  Chicago, IL 60611  A. Signature  X  B. Beceived to Entited Name  C. Date of the print your address different from item 1? In the print of t		
■ 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: 12/20/18 B.M.  PCB 2016-014  Margaret T. Conway  Metropolitan Water Reclamation  District  100 E. Erie Street  Chicago, IL 60611  A. Signature  X  B. Beceived to Delivery address different from item 1? □ Yeout Yes, enter delivery address below: □ No.  DEC 23 2018  STATE OF ILLINOIS  B. Service Type  □ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Mercl□ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes	SENDED: COMPLETE THE SECTION	COMPLETE THE SECTION OF SECTION
Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to: 12/20/18 B.M.  PCB 2016-014  Margaret T. Conway  Metropolitan Water Reclamation  District  100 E. Erie Street  Chicago, IL 60611  Certified Mail® Priority Mail Express™  Registered Return Receipt for Mercle Insured Mail Collect on Delivery  4. Restricted Delivery? (Extra Fee)	<ul> <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> </ul>	A. Signature X
PCB 2016-014  Margaret T. Conway  Metropolitan Water Reclamation  District  100 E. Erie Street  Chicago, IL 60611  Certified Mail® Priority Mail Express™  Registered Return Receipt for Mercl Insured Mail Collect on Delivery  4. Restricted Delivery? (Extra Fee)	Attach this card to the back of the mailpiece, or on the front if space permits	is delivery address different from item 1?  Yes
100 E. Erie Street Chicago, IL 60611  B. Service Type Chicago, IL 60611  Registered □ Return Receipt for Mercl□ Insured Mail □ Collect on Delivery  4. Restricted Delivery? (Extra Fee) □ Yes		
	1. Article Addressed to: 12/20/18 B.M. PCB 2016-014 Margaret T. Conway Metropolitan Water Reclamation	DEC 28 2018
(Transfer from service label) 7014 0510 0001 5481 3697	1. Article Addressed to: 12/20/18 B.M. PCB 2016-014 Margaret T. Conway Metropolitan Water Reclamation District 100 E. Erie Street	DEC 2 3 2018  STATE OF ILLINOIS  B. Service Type  □ Certified Mail® □ Priority Mail Express™ □ Registered □ Return Receipt for Merch □ Insured Mail □ Collect on Delivery

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 mailpiece, or on the front if space permits.  1. Article Addressed to: 12/20/18 B.M.  PCB 2016-014  Eric E. Boyd  Thompson Coburn LLP  55 E. Monroe Street  Chicago, LL 60603	A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Signature  A. Agen  Address  B. Received by (Frinted Name)  C. Date of De  D. Is delivery address different from frem 1?  Pes  If YES, enter delivery address below:  CLERK'S OF ICE  DEC 2 & 2018  3. Service type   Priority Mail Express   Priority Mail Express   Priority Mail Express   Registered   Return Receipt for Merchall Insured Mail   Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee) ☐ Yes
(Transfer from service label)         7014         0510         0001           PS Form 3811, July 2013         Domestic Re	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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>	A. Signature  Agen  Addr  B. Received by (Printed Name)  C. Date of De
1. Article Addressed to: 12/20/18 B.M. PCB 2016-014 David J. Freeman Robbins, Schwarts, Nicholas, Lifton & Taylor, Ltd. 631 E. Boughton Road	D. Is delivery address different from item 1?
Suite 200 Bolingbrook, IL 60440	☐ Certified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Mercha ☐ Insured Mail ☐ Collect on Delivery
2. Article Number	4. Restricted Delivery? (Extra Fee)
(Transfer from service label) 7014 0510 000	1 5481 3611
PS Form 3811, July 2013 Domestic Ret	turn Receipt
SENDED COMPLETE THE SECTION	12
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  X
1. Article Addressed to: 12/20/18 B.M. PCB 2016-014 John P. Antonopoulos Antonopoulos & Virter1, PC 15419 127th Street Suite 100 Lemont, IL 60439	D. Is delivery address different from tem 1?
	☐ Insured Mail ☐ Collect on Delivery  4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number     (Transfer from service label) 7014 0510 0001	5481 3659
PS Form 3811, July 2013 Domestic Re	turn Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X Add
so that we can return the card to you.	B. Reserved by (Printee Name) C. Date of D
Attach this card to the back of the mailpiece,	Silen Fains
or on the front if space permits.	D. Is delivery address different from item 13.   Yes
1. Article Addressed to: 12/20/18 B.M.	If YES, enter delivery address below:   No
PCB 2016-014	CLEOK'S OFFICE
James G. McCarthy	2018
Village of Skokie	DEC 2 3 2018
5127 Oakton Street	
Skokie, IL 60077	3. Service TypeS A LE OF ILLINOIS
Skokie, il 600//	Gertified Mail □ Priority Mail Express™
	☐ Registered ☐ Return Receipt for Merch
	☐ Insured Mail ☐ Collect on Delivery
them simes a familiar	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 0510 0001	5481 3680
(Hariotal Heliff Colline Labor)	eturn Receipt
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDEN. COMPLETE THIS SECTION	
Complete items 1, 2, and 3. Also complete	A. Signature
item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	X Sauti Dittle Add
so that we can return the card to you.	B. Received by (Printed Name) C. Date of D
Attach this card to the back of the mailpiece, or on the front if space permits.	12-7
	D. Is delivery address different from item 12. Yes.
1. Article Addressed to: 12/20/18 B.M.	It VES, enter delivery address below:
PCB 2016-014	Ci. Cic
Carl R. Buck	DEC 2 3 2018
Rathbun, Cservenyak & Kozol, LLO	DEC 20 7010
3620 Executive Drive	INCHES INCHES
Joliet, IL 60431	3. Service Type STAT: NO.
	· ☐ Registered ☐ Return Receipt for Merch
	☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number	THE WAY TO SELECT THE THE TANK
(Transfer from service label) 7014 0510 0001	
PS Form 3811, July 2013 Domestic Re	eturn Receipt
	The state of the s
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Sidnature ()
item 4 if Restricted Delivery is desired.	Agent XAgent
Print your name and address on the reverse so that we can return the card to you.	L'Addre
Attach this card to the back of the mailpiece,	B. Received by (rednied Name) C. Date of Del
or on the front if space permits.	1 197 185 A CNY 10/36/6
1. Article Addressed to: 12/20/18 B.M.	D. Is delivery address different from item 1?  Yes
PCB 2016-014	Dur (FES) enter delivery address below:
David Rieser	
K & I. Cates IIP	TATE OF ILLINO'S
70 W.Madison Street	llution Centrol Board
Suite 3100	2 Contino Time
Chicago, IL 60602	3. Service Type ☐ Certified Mail® ☐ Priority Mail Express™
onicago, il 00002	□ Certified Mail® □ Priority Mail Express™     □ Registered □ Return Receipt for Merchan
	☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
. Article Number	Li Yes
(Transfer from service label) 7014 0510 0001	5/81 3810

	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	X CALASON DAddr
<ul> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name) C. Date of De
1. Article Addressed to: 12/20/18 B.M.	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
PCB 2016-014	CLERNS
Martin J. Shanahan, Jr.	DEC 28 2018
Corporation Counsel City of Joliet	NOIS.
150 West Jefferson Street	3. Service Type Injon Control Board
Joliet, IL 60432-4156	☐ Sertified Mail® ☐ Priority Mail Express™ ☐ Registered ☐ Return Receipt for Mercha
	☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7014 0510 000	1 5481 3796
PS Form 3811, July 2013 Domestic Re	
CENDED, COMPLETE THE SECTION	COMPLETE THIS SECTION ON DELIVERY
SENDER: COMPLETE THIS SECTION	A. Signature
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	Age
Print your name and address on the reverse so that we can return the card to you.	B., Received by (Printed Name) C. Date of D
Attach this card to the back of the mailpiece,	Les a Fortner 12/27
or on the front if space permits.  1. Article Addressed to: 12/20/18 B.M.	D. Is delivery address different from item 1? Yes
PCB 2016-014	if YES, enter delivery address below:
Katherine D. Hodge	DEC 28 2018
Heplerbroom, LLC	DEC 20 21
4340 Acer Grove Drive Springfield, IL 62711	S Service Type
P	☐ Certified Mail® ☐ Priority Mail Express™
	☐ Registered ☐ Return Receipt for Merch ☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
O Autinia Niversia e	
2. Article Number	1 5/81 3635
(Transfer from service label) 7014 0510 0001	the state of the s
(Transfer from service label)         7014         0510         0000           PS Form 3811, July 2013         Domestic R	1 5481 3635 Return Receipt
(Transfer from service label) 7014 0510 0001	the state of the s
PS Form 3811, July 2013 Domestic R  SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3, Also complete	COMPLETE THIS SECTION ON DELIVERY Signature
PS Form 3811, July 2013  PS Form 3811, July 2013  Domestic R  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	COMPLETE THIS SECTION ON DELIVERY  Signature
PS Form 3811, July 2013  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 mailpierce.	COMPLETE THIS SECTION ON DELIVERY  Signature  Age  Add  Received by (Parted Name)  C. Date of D
(Transfer from service label) 7014 0510 0000  PS Form 3811, July 2013 Domestic R  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.	COMPLETE THIS SECTION ON DELIVERY  Signature  Age  Age  Add  Received by (Parts Name)  C. Date of D
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PS Form 3811, July 2013  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.  Article Addressed to: 12/20/18 B.M.  PCB 2016-014  Felicia L. Frazier  Odelson & Sterk, Ltd.  3318 W. 95th Street	COMPLETE THIS SECTION ON DELIVERY  Signature  Age  Add  Received by (Pants) Name)  C. Date of D  LERK'S OFFICE  D. Is delivery address different from item 1? Yes  Offices, enter delivery address below:  No  STATE OF ILLINOIS  Political Control Board  3. Service Type  Certified Mail® Priority Mail Express™
PS Form 3811, July 2013  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.  Article Addressed to: 12/20/18 B.M.  PCB 2016-014  Felicia L. Frazier Odelson & Sterk, Ltd.  3318 W. 95th Street	COMPLETE THIS SECTION ON DELIVERY  Signature  Signature  Age  Add  Received by Parts Name)  C. Date of D  LERK'S OFFICE  D. Is delivery address different from item 1? Yes  Offices, enter delivery address below:  No  STATE OF ILLINOIS  Poliution Central Board  3. Service Type  Certified Mail® Priority Mail Express™  Registered Refurn Receipt for Merchall Insured Mail
PS Form 3811, July 2013  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.  Article Addressed to: 12/20/18 B.M.  PCB 2016-014  Felicia L. Frazier Odelson & Sterk, Ltd.	COMPLETE THIS SECTION ON DELIVERY  Signature  Age  Add  Received by (Pants) Name)  C. Date of D  LERK'S OFFICE  D. Is delivery address different from item 1?  Yes  Output Description Control Board  3. Service Type  Certified Mail® Priority Mail Express™  Registered Return Receipt for Mercha