

Electronic Filing: Received, Clerk's Office 10/11/2022

This form is approved by the Illinois Supreme Court and is required to be accepted in all Illinois Circuit Courts.

STATE OF ILLINOIS, CIRCUIT COURT Cook ▾ COUNTY	APPEARANCE	For Court Use Only
Instructions ▾ Directly above, enter the name of the county where the case was filed. Enter the name of the person or company that filed this case as Plaintiff/Petitioner. Enter the name of the Defendant/Respondent. Enter the Case Number given by the Circuit Clerk.	PEOPLE OF THE STATE OF ILLINOIS Plaintiff / Petitioner (First, middle, last name or Company) v. R & D #3, Inc. dba BP AM PM GAS STATION, IL CORP Defendant / Respondent (First, middle, last name)	PCB 2023-047 Case Number

In 1, check the box next to "Myself," if you are not an attorney. If you are an attorney, enter the name of your client in 1, check the box next to "Their attorney," and enter your attorney or firm name in the blank.

- 1. The appearance of** R&D #3, inc dba BP AM PM Gas Station **is entered in this case by:**
First Middle Last
- Myself
 Their attorney: Lester N. Arnold, Attorney at law
Attorney or Firm Name
- 2. I would like a trial with** (check only one; you do not have a right to jury trial in every case):
 a judge a judge and a 6-person jury a judge and a 12-person jury

Under Illinois Supreme Court Rule 137, your signature means that you have read the document, that to the best of your belief, it is true and correct and that you are not filing it for an improper purpose, such as to cause delay.

IMPORTANT: If you are requesting a trial by jury and e-filing the form, you may need to e-file this form two separate times, once as an Appearance and once as a Jury Demand. Check with Illinois Court Help at ilcourthelp.gov or call (833) 411-1121. You can also check with your local Circuit Clerk's office.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

<i>ls/ Lester N. Arnold</i> <small>Your Signature</small>	493 Mission St. <small>Street Address</small>
Lester N. Arnold Sr. <small>Your Name</small>	Carol Stream, IL 60188 <small>City, State, ZIP</small>
(847) 652-7813 <small>Telephone</small>	les-arn@sbcglobal.net <small>Email</small>
Lester N. Arnold, Attorney at law <small>Firm Name (if any)</small>	0069752 <small>Attorney # (if any)</small>

Enter your complete address, telephone number, and email address, if you have one.

If you are an attorney, enter your firm name and attorney number.

GETTING COURT DOCUMENTS BY EMAIL: You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.

PROOF OF DELIVERY

1. I am sending the Appearance

In **1a**, enter the name, mailing address, and email address of the party you are sending the document to. If they have a lawyer, you **must** enter the lawyer's information.

In **1b**, check the box to show how you are sending the document. **CAUTION:** If you and the person you are sending the document to have an email address, you **must** use one of the first two options. Otherwise, you may use one of the other options.

In **c**, fill in the date and time that you are sending the document.

a. To:

Name: Don A. Brown Clerk Board
First Middle Last

Address: 60 E. Van Buren St., Ste. 630 Chicago IL 60605
Street, Apt # City State ZIP

Email address: <Don.Brown@Illinois.gov>

b. By:

An approved electronic filing service provider (EFSP)

Email (not through an EFSP)

Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address.

Personal hand delivery to:

The party

The party's family member who is 13 or older, at the party's residence

The party's lawyer

The party's lawyer's office

Mail or third-party carrier

c. On: 10/11/2022 at: 11:20 a.m. p.m.
Date Time

In **2**, if you are sending the document to more than 1 party or lawyer, fill in **a**, **b**, and **c**. Otherwise leave **2** blank.

In **2a**, enter the name, mailing address, and email address of the party you are sending the document to. If they have a lawyer, you **must** enter the lawyer's information.

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In **c**, fill in the date and time that you are sending the document.

2. I am sending the Appearance

a. To:

Name: Arlene Haas Asst AG
First Middle Last

Address: 69 W. Washington St., Ste. 1800 Chicago IL 60602
Street, Apt # City State ZIP

Email address: <Arlene.Haas@ilag.gov>

b. By:

An approved electronic filing service provider (EFSP)

Email (not through an EFSP)

Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address.

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I have completed an *Additional Proof of Delivery* form.

n/c

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

I certify that everything in the *Proof of Delivery* is true and correct. I understand that a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

/s/
Your Signature

493 Mission St.
Street Address

Lester N. Arnold
Print Your Name

Carol Stream, IL 60188
City, State, ZIP

Enter your complete address, telephone number, and email address, if you have one.

(847) 652-7813
Telephone

les-arn@sbcglobal.net
Email

Lester N. Arnold, Attorney at law
Firm Name (if any)

0069752
Attorney # (if any)

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1. The appearance of R&D #3, inc dba BP AM PM Gas Station **is entered in this case by:**
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Attorney or Firm Name

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If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.	Lester N. Arnold Sr.	Carol Stream, IL 60188
	<i>Your Name</i>	<i>City, State, ZIP</i>
	(847) 652-7813	les-arn@sbcglobal.net
	<i>Telephone</i>	<i>Email</i>
Enter your complete address, telephone number, and email address, if you have one.	Lester N. Arnold, Attorney at law	0069752
	<i>Firm Name (if any)</i>	<i>Attorney # (if any)</i>
If you are an attorney, enter your firm name and attorney number.		

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First Middle Last
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Street, Apt # City State ZIP
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 - The party's lawyer's office
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In c, fill in the date and time that you are sending the document.

a. To:

Name: Arlene Haas Asst AG
First Middle Last
Address: 69 W. Washington St., Ste. 1800 Chicago IL 60602
Street, Apt # City State ZIP
Email address: <Arlene.Haas@ilag.gov>

b. By:

- An approved electronic filing service provider (EFSP)
- Email (not through an EFSP)
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/s/
Your Signature

493 Mission St.
Street Address

Lester N. Arnold
Print Your Name

Carol Stream, IL 60188
City, State, ZIP

Enter your complete address, telephone number, and email address, if you have one.

(847) 652-7813
Telephone

les-arn@sbcglobal.net
Email

Lester N. Arnold, Attorney at law
Firm Name (if any)

0069752
Attorney # (if any)

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