RECEIVED CLERK'S OFFICE ORIGINAL MAY 1 1 2006 STATE OF ILLINOIS COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SUBJON Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired. 🗖 Agent -1. I. Print your name and address on the reverse Addressee 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, uditoh' Kutishause <u> 5-10-02</u> or on the front if space permits. Л Is delivery address different from item 1? Yes 1. Article Addressed to: 5/4/06 B.M. If YES, enter delivery address below: D No PCB 2006-090 Burnell Russell, President Village of Volo 27273 West Volo Village Road 3. Service Type Volo, IL 60073 Certified Mail Express Mail Registered C Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) C Yes 2. Article Number 7005 1160 0002 2067 9149 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. Also complete Agent Agent item 4 if Restricted Delivery is desired. Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery Attach this card to the back of the maliplece, 51.0106 nmth or on the front if space permits. - Yes D. Is delivery address different from item 1? 1. Article Addition 5/4/06 B.M. 🗆 No If YES, enter delivery address below: PCB 2006 090 Registered Agent for Smith Consultints Jill J. Struck 3. Service Type 40 Brink Street Certified Mail Express Mail Certified Ma Registered Return Receipt for Merchandise Crystal Lakes, IL 60014 🗖 C.O.D. 🛄 Insured Mali 4. Restricted Delivery? (Extra Fee) 🖾 Yes Transfer from service table 17005 1160 00022067 91/321 11 1 11111 2. Article Number

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RS Form 381 1, February 2004 11 Comestic Return Receipt

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