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. Article Addressed to: 10/1/09 B.M. PCB 2007-146 James B. Harvey Buck, Hutchinson & Ruttle 2455 Glenwood Avenue Joliet, IL 60435	A. Signature X	
	3. Service Type Certified Mail	
2. Article Number (Transfer from service label) 7009 0960 0000 5942 0524		
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■ 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: 10/1/09 B.M. PCB 2007-146 James Knippen Walsh Knippen Knight & Pollick	A. Signature X AMU NAME B. Repelved by (Printed Name) C. Date of Delivery 10 5 0 9 D. Is delivery address different from Item 1? Yes If YES, enter delivery address below:
2150 Manchester Road Suite 200 Wheaton, IL 60187-2476	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
A ADD NOTE OF	The resulting points of Land 1000
2. Article Number (Transfer from service label) 7009 0960 0000 5942 0593	
PS Form 3811, February 2004 Domestic Reti	urn Receipt 102595-02-M-1540

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. ☐ Agent Print your name and address on the reverse so that we can return the card to you. By Received by (Printed Name), (C. Date of Delivery Attach this card to the back of the mailpiece. uchel Wright or on the front if space permits. D. Is delivery address different from item 1? Article Addressed to: 10/1/09 B.M. If YES, enter delivery address below: ☐ No PCB 2007-146 Michael Roth, Interim City Attorney City of Yorkville 3. Service Type 800 Game Farm Road ☐ Express Mail Certified Mail Yorkville, IL 60560 Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7009 0960 0000 6942 0579 (Transfer from service label)

Domestic Return Receipt

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PS Form 3811, February 2004

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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: 10/1/09 B.M. PCB 2007-146 Ms. Valierie Burd, Mayor City of Yorkville 800 Game Farm Road Yorkville, IL 60560	A. Signature X Agent Addressee B. Received by (Printed Name) D. Date of belivery D. Is delivery address different from item 1? Pes If YES, enter delivery address below:
	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) Yes
	4. Nestricted Delivery (Extra 7 ce)
2. Article Number (Transfer from service label) 7009 0960 0000 5942 0548	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540