| 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. | A Signature X |
| 1. Article Addressed to: 4/21/11 B.M. PCB 2011-010 Adam B. Simon Ancel, Glink, Diamond, Bush & Krafthefer, P.C. 140 S. Dearborn Street Sixth Floor Chicago, IL 60603 | D. Is delivery address different from item 1? If YES, enter delivery address below: No |
| | 3. Service Type Gertified Mail |
| 2. Article Number (Transfer from service label) 7011 0110 000 | 1 8269 7938 |
| PS Form 3811, February 2004 Domestic Retu | urn Receipt 102595-02-M-1540 |

| 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: 4/21/11 B.M. PCB 2011-010 Lane HArrison City of Zion, Illinois 2828 Sheridan Road Zion, IL 60099 | A Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below: | |
| | 3. Service Type Certified Mail | |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes | |
| 2. Article Number (Transfer from service label) 7011 0110 0001 8269 7945 | | |
| PS Form 3811 February 2004 Domestic Return Receipt 102595-02-M-1540 | | |

| 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: 4/21/11 B.M. PCB 2011-010 Judy Mackey City of Zion, Illinois | A. Signature Agent Addressee Addressee Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If YES, enter delivery address below: No |
| Zion, IL 60099 | 3. Service Type Certified Mail |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Transfer from service label) 7011 0110 0001 8269 7969 | |
| PS Form 3811, February 2004 Domestic Retu | rn Receipt 102595-02-M-1540 |