| 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: 7/12/12 B.M. PCB 2012-052 Kelly A. Heneghan O.C.A. Construction, Inc. 8434 Corcoran Road | A. Signature A. Agent Addresse B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: | | | |
| Willow Springs, IL 60480 | 3. Service Type | | | |
| 2. Article Number (Transfer from service label) 7011 0110 0001 8270 1345 | | | | |
| 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 item 4 if Restricted Delivery is desired. 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, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: 7/12/12 B.M. □ No If YES, enter delivery address below: PCB 2012-052 David T. Cohen, R.A. O.C.A. Construction, Inc. 10729 W. 159th St. Orland Park, IL 60467 3. Service Type Certified Mail ☐ Express Mail Registered ☐ Return Receipt for Merchandise ☐ Insured Mail DCOD. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Transfer from service label) 7011 8270

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Signature Complete items 1, 2, and 3. Also complete □ Agent item 4 if Restricted Delivery is desired. 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, or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: 7/12/12 6 If YES, enter delivery address below: ☐ No PCB 3013-052 Arturo Saenz, R.A. GSG Consultants, Inc. 855 W. Adams Suite 200 Service Type Certified Mail ☐ Express Mail Chicago, IL 60607 ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7011 0110 0001 (Transfer from service label) 8270 1314

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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.

Brian Lansu, R.A.

7611

7/12/12 B.M.

Reliable Materials Lyons, LLC 2750 Southwind Blvd.

Bartlett, IL 60103-1304

COMPLETE THIS SECTION ON DELIVERY

| A. | Signature | 2 | _ | Addressee |
|----|-----------------------------|---|----|------------------|
| В. | Received by (Printed Name) | | C. | Date of Delivery |

1(0+1)1 D. Is delivery address different from item 1? Yes If YES, enter delivery address below:

3. Service Type ☐ Express Mail Certified Mail ☐ Return Receipt for Merchandise Registered

☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)

2. Article Number

1. Article Addressed to:

PCB 2012-052

(Transfer from service label) PS Form 3811, February 2004 0001 8270 1307

102595-02-M-1540

☐ Yes

□ No

| 100 | - CA | | | |
|--|---|--|--|--|
| 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, | A. Signature X | | | |
| or on the front if space permits. 1. Article Addressed to: 7/12/12 B.M. PCB 2012-052 Joseph R. Podlewski, Jr. Podlewski & Hanson, P.C. 4721 Franklin Avenue Suite 1500 Western Springs, IL 60558-1720 | D. Is delivery address different from item 1? | | | |
| | 3. Service Type Certified Mail | | | |
| | 4. Restricted Delivery? (Extra Fee) | | | |
| | 1 8270 1291 | | | |
| PS Form 3811, February 2004 Domestic Re | turn Receipt 102595-02-M-1540 | | | |

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