

**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.

1. Article Addressed to: 11/15/12 B.M.  
 PCB 1994-195  
 Laurence Lezcynski  
 Will County State's Attorney  
 Office  
 Courthouse  
 14 W. Jefferson, Room 200  
 Joliet, IL 60432

2. Article Number  
 (Transfer from service label)

7011 0110 0001 8270 2243

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature



- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)



C. Date of Delivery

- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

NOV 19 2012

3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

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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: 11/15/12 B.M.  
 PCB 1994-195  
 Stepehn F. Hedinger ✓  
 Sorling, Northrup, Hanna,  
 Cullen & Cochran, Ltd.  
 1 North Old State Capitol Plaza  
 Suite 200  
 P.O. Box 5131  
 Springfield, IL 62705

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 2236

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Pam Brown*

Agent

Addressee

B. Received by (Printed Name)

PAM BROWN

C. Date of Delivery

11/20/12

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes