Electronic Filing - Received, Clerk's Office (05/12/2016

STATE OF ILLINOIS)	
)	SS
COUNTY OF OGLE)	

The undersigned being first duly sworn on oath, depose and state that a copy of the foregoing Administrative Citation with attachments was served upon the following:

7012 3460 0001 1976 5619

Christina Fisher 102 Oak Street Holcomb, IL 61043

by enclosing the same in an envelope addressed to such party at his/her above address by certified mail return receipt requested with the postage fully prepaid, by depositing said envelope in a United States Post Office mailbox in Oregon, Illinois, on the <u>Syd</u> day of May, 2016 and by sending said Administrative Citation with attachments to the Ogle County Sheriff for personal service on the above named party.

Subscribed and sworn before me this 3 day of May, 2016.

Notary Public

OFFICIAL SEAL
KAREN S. DIETRICH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 05/30/2018

Electronic Filing - Received, Clerk's Office : 05/12/2016

STATE OF ILLINOIS)	
)	SS
COUNTY OF OGLE)	

The undersigned being first duly sworn on oath, depose and state that a copy of the foregoing Administrative Citation with attachments was served upon the following:

7012 3460 0001 1976 5626

Wayne Fisher 102 Oak Street Holcomb, IL 61043

by enclosing the same in an envelope addressed to such party at his/her above address by certified mail return receipt requested with the postage fully prepaid, by depositing said envelope in a United States Post Office mailbox in Oregon, Illinois, on the day of May, 2016 and by sending said Administrative Citation with attachments to the Ogle County Sheriff for personal service on the above named party.

Subscribed and sworn before me this 300 day of May, 2016.

Notary Public

OFFICIAL SEAL
KAREN S. DIETRICH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 05/30/2018

Print Date: 05/04/2016

Electronis Filing Received Clerk's Office 05/12/2016

202 South First St., Oregon, IL 61061 815-732-1101

Affidavit of Service

	:								
		201600000462 Serve: Fishe		2016-014	Process #:	201600000668	Serve By	y Date: (05/09/2016
	City: Holo	102 Oak St comb 8157392141	State: IL	Apt #: Zip: 6104	3	DOB:	08/01/1968	Sex: N	M Race; W
	Process Type	: Notice	_		of filing, app	earance, jurisdi	ction, violation	ns,misc f	orms and phot
I certif	y that I served the ab	oove papers or	the above nam	ned person as fo	llows: Notice				
	Personal Service:	By leaving a c	opy of the abov	ve papers with	he named pers	son personally.			
	Substitute Service upwards, and inforthe above address. Person Served:	rming that per		ents therof. Als	o, a copy of th	ie above papers v			
	Relationship:						-		
Addres	Service on: Corpo By leaving a copy person. Person with whom	of the above j	papers (or inerraleft: (Circle One	ogatories) with Registered A	gent Autl	agent, authorized	l person or part	tner of the	: above named
This	4	Day Of _/h	hy	, 2016 at/8	s am pm				
Brian	Sof Service:/	riff, by		CA	orb	,	Deputy		
	SERVIC	E							
	Time	Server	Reason		Sher	iff's Fees			
1.		_			Servic	e:			
2.		_			Retur	n:			
3.					Milago	e:			
4.	<u> </u>	-	·	·	Postag	· —			
5.			-		Other				

Print Date: 05/04/2016

Electronic Filing - Received Clerk's Office 05/12/2016

202 South First St., Oregon, IL 61061 815-732-1101

Affidavit of Service

		: 20160000046 to Serve: Fishe		2016-014	Process #:	201600000669	Serve By	y Date: 0	5/09/2016
	Address: City: Ho Phone:	: 102 Oak St Dlcomb 8159734699	State: IL	Apt #: Zip: 61043		DOB:	05/16/1972	Sex: F	Race: W
	Process Typ	ne; Notice			of filing, app	earance, jurisdi	ction, violatio	ns,misc fo	orms and phot
I certify	that I served the	above papers or	n the above nar	ned person as fol	lows: Notice	·			-
0	Personal Service	e: By leaving a	copy of the abo	ve papers with th	e named pers	son personally.			
_	upwards, and int the above address Person Served: Relationship: Service on: Corp By leaving a cop	forming that perses.	pany Busin	cove papers at the cents therof. Also ess Partnersh cogatories) with the	ip (Circle C	ne above papers v	vas mailed to t	he above n	amed person at
Address	person. Person with who s of Service: VanVickle, Sh	om papers were	left:(Circle On	e) Registered Ag	ent Autl	norized Person	Partner	-	
This	4	Day Of	44	, 20 <u>/6</u> at <u>184</u>	am pm				
Brian	VanVickle, Sh	eriff, by			7 0	<u>26</u> ,	Deputy		
	SERVI	CE							
	Time	Server	Reason		<u>Sher</u>	<u>iff's Fees</u>			
1.					Servic	e:			
2.	•		-		Retur	ı:			
3.					Milago		<u>_</u>		
4.		, <u>,</u>		<u>-</u>	Postag		<u> </u>		
5					Other	• ***			

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STATEMENT FOR PROCESS SERVICE

Date:

05/05/2016

Attorney/Orig:

Ogle County States Attorney

105 S 5th St

Oregon

IL 61061

Case # 201600000462 Plaintiff County Of Ogle Defendant Wayne L And Christina C Fisher

Party#

001

Process Type

Name Fisher, Wayne L

Trans Date Trans Type Amount Balance 05/05/2016 SERVICE \$45.00 \$45.00 05/05/2016 Return Fee \$15.00 \$60.00 05/05/2016 White Rock \$15.00 \$15.00 \$75.00

Please pay ending Balance

\$75.00 n/c

Party#

002

Process Type

Name Fisher, Christina C

Trans Date Trans Type 05/05/2016 SERVICE 05/05/2016 Return Fee

Amount \$45.00 \$45.00 \$15.00 \$60.00

Please pay ending Balance

\$60.00 n/c

MAKE CHECK PAYABLE TO:

Ogle County Sheriff 202 South First St. Oregon, IL 61061

Electronic Filing - Keceived, Llerk & Diffi		THE PERSON NAMED OF THE PERSON	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SE	ECTION ON DEL	IVERY
✓ ☑ Complete Items 1, 2, and 3. Also complete	A. Signature		
item 4 If Restricted Delivery is desired. □ Print your name and address on the reverse	x /\ /////	Λ.	☐ Agent ☐ Addressee
so that we can return the card to you.	B. Received by (Prin	ited Name)	C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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Chustina Fisher 102 Oak Street		•	
102 Mak Street			
Halmub. 02 61043	j'		
Holamb, 02 61043 1	3. Service Type		
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A Marika Mari	☐ Insured Mall	C.O.D.	eipt for Melchanoise
)	4. Restricted Deliver	y? (Extra Fee)	☐ Yes
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Eric D. Morro	, .		1
STATE'S ATTORNEY OF OG	W I E COLINDO		j
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Oregon, IL 610	81		Ì
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Electronic Filing - Received, Clerk's Offices 05/12/2016

			· .	
SENDER	COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DEL	<u>IVERY</u>
□ 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 mallplece, or on the front if space permits. 1. Article Addressed to: Wayye L. Holler Holcomb, The Leiths Holcomb, The Leiths		e, 3	A. Signature X	
- MOICO	NOO, IC COLO	_	3. Service Type ☐ Certifled Mall ☐ Express Mal ☐ Registered ☐ Return Recu ☐ Insured Mall ☐ C.O.D.	ll elpt for Merchandise
			4. Restricted Delivery? (Extra Fee)	☐ Yes
	om service label) / 012	34	60 8001 1976 51	este
PS Form 38	11, February 2004 Dom	estic Retu	ırn Recelpt	102595-02-M-1540
	,		:	

United States Postal Service 推设统

3红" 牧鸡科 633°

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Eric D. Morrow STATE'S ATTORNEY OF OGLE COUNTY 106 S. 5th Street Suite 110 Oregon, IL 61061

HSNer