

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: 7/7/16 B.M.

PCB 2016-054 15L  
 Dennis G. Walsh  
 Klein, Thorpe & Jenkins, Ltd.  
 20 N. Wacker Drive  
 Suite 1660  
 Chicago, IL 60606

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Dennis G. Walsh*  Agent  
 B. Received by (Printed Name) *Dennis G. Walsh*  Addressee  
 C. Date of Delivery *7-12-16*

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

3. Service Type

- Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label) 7014 0510 0001 5481 0368]

PS Form 3811, July 2013 Domestic Return Receipt

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1. Article Addressed to: 7/7/16 B.M.

PCB 2016-054 15L  
 Robert M. Joutras  
 Village of Rockdale  
 79 Moen Avenue  
 Rockdale, IL 60436

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Robert M. Joutras*  Agent  
 B. Received by (Printed Name) *Robert M. Joutras*  Addressee  
 C. Date of Delivery *7-11*

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

3. Service Type

- Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label) 7014 0510 0001 5481 0351

PS Form 3811, July 2013 Domestic Return Receipt

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1. Article Addressed to: 7/7/16 B.M.

PCB 2016-054 15L  
 Matthew L. Guzman  
 Will County State's Attorney  
 Office  
 57 North Ottawa Street  
 Joliet, IL 60432

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Matthew L. Guzman*  Agent  
 B. Received by (Printed Name) *Matthew L. Guzman*  Addressee  
 C. Date of Delivery *7/11/16*

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

3. Service Type

- Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7014 0510 0001 5481 0375

PS Form 3811, July 2013 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to: 7/7/16 B.M.

PCB 2016-054 15L  
 Mike Stiff  
 Spesia, Ayers & Ardaugh  
 1415 Black Road  
 Joliet, IL 60435

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Mike Stiff*  Agent  
 B. Received by (Printed Name) *Mike Stiff*  Addressee  
 C. Date of Delivery *7-11*

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

3. Service Type

- Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7014 0510 0001 5481 0344

PS Form 3811, July 2013 Domestic Return Receipt