SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ 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 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.	(08 112085 4908	
,	D. Is delivery address different from Item 1? Yes	
1. Article Addressed to: 4/3/08 B.M.	If YES, enter delivery address below:	
PCB 2007-113	<u>}</u>	
Emily Vivian	AE	CEIVER
Hasselberg, Williams, Grege,	CLE	CEIVED K'S OFFICE
Snodgrass & Birdsall	3. Service Type API	2.1.1.000
12 SW Adams, Suite 360	Certified Mail Express Mail	7 1 1 2008
Peoria, IL 61602-1320	☐ Registered ☐ Return Receipt for Mercelluser	OF ILLINOIS
		Control Board
	4. Restricted Delivery? (Extra Fee) ☐ Yes	- Jouing
2. Article Number (Transfer from service label) 7007 3020 00	00 4630 5777	
	aturn Receipt 102595-02-M-1540 (
POTOTIN COTT, 1 4D/Daily 2004 Dollies De Ne	102595-02-M-1540	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete	A. Signature	
item 4 if Restricted Delivery is desired.	□ Agent	
Print your name and address on the reverse	La Addition	
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name) C. Date of Delivery	
or on the front if space permits.	Dus delivery address different from item 1? 🗆 Yes	
1. Article Addressed to: 4/3/08 B.M.	If YES, enter delivery address below:	
PCB 2007-113	1	
Bruce McKinney	i	
City of Rochelle		
420 N. 6th Street	<u> </u>	
P.O. Box 601	3. Service Type General Certified Mail ☐ Express Mall	
Rochelle, IL 61068	☐ Registered ☐ Return Receipt for Merchandise	
	☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label) 7007 3020 000	00.4630.5784	
	46	
PS Form 3811, February 2004 Domestic Re	eturn Receipt 102595 12-M-15-40	
May 1. C. Magazania (Pillade in Calabada) and P. Carra in	2/2/1/	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete	A. Signature	
item 4 if Restricted Delivery is desired.	Agent Addressee	
Print your name and address on the reverse 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, 	APR 6 2003	•
or on the front if space permits.	D. Is delivery address different from item 1? Yes	
1. Article Addressed to: 4/3/08 B.M.	If YES, enter delivery address below: No	
PCB 2007-113	\	
Charles F. Helsten	-	
Hinshaw & Culbertson	11	:
100 Park Avenue	3. Service Type	
P.O. box 1389	Certified Mail Express Mail	
Rockford, IL 61105-1389	☐ Registered ☐ Return Receipt for Merchandise	}
	☐ Insured Mail ☐ C.O.D.	j
	4. Restricted Delivery? (Extra Fee) ☐ Yes	i †
2. Article Number		
(Transfer from service label) 7007 3020 000	0 4630 5753	į