

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:

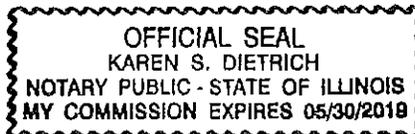
7012 3460 0001 1976 5619

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 3rd 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.

Christina K. Eyed

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



Karen S. Dietrich
Notary Public

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 3rd 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.

Christina K. Eged

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

Karen S. Dietrich
Notary Public



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

****Affidavit of Service****

Case #: 201600000462 Docket #: 2016-014 Process #: 201600000668 Serve By Date: 05/09/2016
Person to Serve: Fisher, Wayne L.

Address: 102 Oak St Apt #: DOB: 08/01/1968 Sex: M Race: W
City: Holcomb State: IL Zip: 61043
Phone: 8157392141

Process Type: Notice of filing, appearance, jurisdiction, violations, misc forms and phot

I certify that I served the above papers on the above named person as follows: Notice

Personal Service: By leaving a copy of the above papers with the named person personally.

Substitute Service: By leaving a copy of the above papers at the above address with a person of the family of the age of 13 yrs or upwards, and informing that person of the contents thereof. Also, a copy of the above papers was mailed to the above named person at the above address.

Person Served: _____

Relationship: _____

Service on: Corporation Company Business Partnership (Circle One)
By leaving a copy of the above papers (or interrogatories) with the registered agent, authorized person or partner of the above named person.

Person with whom papers were left: _____
(Circle One) Registered Agent Authorized Person Partner

Address of Service: 102 OAK ST HOLCOMB

This 4 Day Of May, 2016 at 1845 am pm

Brian VanVickle, Sheriff, by EM 026, Deputy

-----SERVICE

| | Time | Server | Reason | <u>Sheriff's Fees</u> |
|----|-------|--------|--------|-----------------------|
| 1. | _____ | _____ | _____ | Service: _____ |
| 2. | _____ | _____ | _____ | Return: _____ |
| 3. | _____ | _____ | _____ | Milage: _____ |
| 4. | _____ | _____ | _____ | Postage: _____ |
| 5. | _____ | _____ | _____ | Other: _____ |

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

****Affidavit of Service****

Case #: 201600000462 Docket #: 2016-014 Process #: 201600000669 Serve By Date: 05/09/2016
Person to Serve: Fisher, Christina C

Address: 102 Oak St Apt #: DOB: 05/16/1972 Sex: F Race: W
City: Holcomb State: IL Zip: 61043
Phone: 8159734699

Process Type: Notice of filing, appearance, jurisdiction, violations, misc forms and phot

I certify that I served the above papers on the above named person as follows: Notice

Personal Service: By leaving a copy of the above papers with the named person personally.

Substitute Service: By leaving a copy of the above papers at the above address with a person of the family of the age of 13 yrs or upwards, and informing that person of the contents thereof. Also, a copy of the above papers was mailed to the above named person at the above address.

Person Served: _____

Relationship: _____

Service on: Corporation Company Business Partnership (Circle One)
By leaving a copy of the above papers (or interrogatories) with the registered agent, authorized person or partner of the above named person.

Person with whom papers were left: _____
(Circle One) Registered Agent Authorized Person Partner

Address of Service: 102 OAK ST Holcomb

This 4 Day Of May, 2016 at 18:45 am pm

Brian VanVickle, Sheriff, by [Signature] 026, Deputy

-----SERVICE

| | Time | Server | Reason | <u>Sheriff's Fees</u> |
|----|-------|--------|--------|-----------------------|
| 1. | _____ | _____ | _____ | Service: _____ |
| 2. | _____ | _____ | _____ | Return: _____ |
| 3. | _____ | _____ | _____ | Milage: _____ |
| 4. | _____ | _____ | _____ | Postage: _____ |
| 5. | _____ | _____ | _____ | Other: _____ |

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 | Amount | Balance |
|-------------------|-------------------|---------------|----------------|
| 05/05/2016 | SERVICE | \$45.00 | \$45.00 |
| 05/05/2016 | Return Fee | \$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

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|---------------------|
| <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. | A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: Wayne L. Fisher 102 Oak St. Holcomb, IL 61043 | B. Received by (Printed Name) | C. Date of Delivery |
| 2. Article Number (Transfer from service label) | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 7012 3460 8001 1976 5626 | | |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154C

UNITED STATES POSTAL SERVICE

MAY 16 2016



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

01189635
 Fisher - Toll Control