

## 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: 3/5/15 B.M.  
 PCB 2015-120  
 Charles King  
 Chicago Department of Law  
 30 N. LaSalle Street, Suite 1400  
 Chicago, IL 60602

## 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

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 8975

PS Form 3811, July 2013 Domestic Return Receipt

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1. Article Addressed to: 3/5/15 B.M.  
 PCB 2015-120  
 Stephen R. Patton  
 Chicago Department of Law  
 30 N. LaSalle Street  
 Suite 1400  
 Chicago, IL 60602

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A. Signature  Agent  
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 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 8999

PS Form 3811, July 2013 Domestic Return Receipt

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Article Addressed to: 3/5/15 B.M.  
 B 2015-120  
 George D. Theophilos  
 Chicago, Department of Law  
 30 N. LaSalle Street, Suite 1400  
 Chicago, IL 60602

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 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

Article Number  
 (Transfer from service label) 7014 0510 0001 5481 9002

Form 3811, July 2013 Domestic Return Receipt