

ORIGINAL

RECEIVED
CLERK'S OFFICE

NOV 07 2007

DEPT. OF ILLINOIS
Control Board

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: 11/1/07 B.M.
 PCB 1996-098
 Michael B. Jawgiel, PC
 5847 N. Milwaukee Avenue
 Chicago, IL 60630-1249

2. Article Number
 (Transfer from service label) 7006 0810 0004 2225 6476

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 11-6-07

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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: 11/1/07 B.M.
 PCB 1996-098
 David S. O'Neill, Esq.
 5847 North Milwaukee Avenue
 Chicago, IL 60630-1249

2. Article Number
 (Transfer from service label) 7006 0810 0004 2225 6469

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 11-6-07

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes