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STATE OF ILLINOIS  
Initiation Control Board

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to: 1/24/08 B.M. PCB 2004-186 Charles F. Helsten Hinshaw &amp; Culbertson 100 Park Avenue P.O. Box 1389 Rockford, IL 61105-1389</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>A. Blackem</i></p> <p>B. Received by (Printed Name) C. Date of Delivery JAN 31 2008</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7006 0810 0004 2225 2348</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p>2. Article Number (Transfer from service label) 7006 0810 0004 2225 2331</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p>2. Article Number (Transfer from service label) 7006 0810 0004 2225 2393</p>	
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<p>2. Article Number (Transfer from service label) 7006 0810 0004 2225 2362</p>	
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1. Article Addressed to: 1/24/08 B.M. PCB 04-186 Keith Ruynon 1165 Plum Creek Dr., Unit D Bourbonnais, IL 60914	B. Received by (Printed Name) KEITH RUYNON	C. Date of Delivery 1/31/08
	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		
2. Article Number (Transfer from service label) 7006 0810 0004 2225 2430		
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1. Article Addressed to: 1/24/08 B.M. PCB 2004-186 Brenda L. Gorski Kankakee County State's Attorney 450 East Court Street Kankakee, IL 60901	B. Received by (Printed Name) Robert Bradley	C. Date of Delivery 1-31-08
	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		
2. Article Number (Transfer from service label) 7006 0810 0004 2225 2423		
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1. Article Addressed to: 1/24/08 B.M. PCB 2004-186 Bruce Clark Kankakee County Board 189 E. Court St. Kankakee, IL 60901	B. Received by (Printed Name) ROBERT CLARK	C. Date of Delivery 1-31-08
	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		
2. Article Number (Transfer from service label) 7006 0810 0004 2225 2409		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540