

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: 12/20/18 B.M.
PCB 2016-014
Fredric P. Andes
Barnes & Thornburg
1 N. Wacker Drive
Suite 1400
Chicago, IL 60606

2. Article Number

(Transfer from service label) 7014 0510 0001 5481 3793

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

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1. Article Addressed to: 12/20/18 B.M.
PCB 2016-014
George F. Mahoney
Mahoney, Silverman & Cross, Ltd
822 Infantry Drive
Suite 100
Joliet, IL 60435

2. Article Number

(Transfer from service label) 7014 0510 0001 5481 3895

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

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1. Article Addressed to: 12/20/18 B.M.
PCB 2016-014
Jeffrey M. Fronczak
Cook County Dept. of
Transportation & Highways
69 W. Washington Street
24th Floor
Chicago, IL 60602

2. Article Number

(Transfer from service label) 7014 0510 0001 5481 3901

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ 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

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1. Article Addressed to: 12/20/18 B.M.
 PCB 2016-014
 Peter D. Coblentz
 Rosenthal, Murphey, Coblentz
 & Donahue
 30 N. LaSalle Street
 Suite 1624
 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 3642

PS Form 3811, July 2013

Domestic Return Receipt