

**ORIGINAL**

**OFFICIAL FILE  
ILLINOIS COMMERCE COMMISSION**

**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:

Steven Ravid  
 Clerk of Appellate Court  
 First Judicial District  
 160 N. LaSalle, Rm. S1400  
 Chicago, IL 60601

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name)

*[Signature]*  
 S. Vasquez

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  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7. Article Number: 7010 2780 0000 8786 6741 10-0138

UNITED STATES POSTAL SERVICE

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. 6-10

2011 OCT 17 A

• Sender: Please print your name, address, and ZIP+4 in this box •

Illinois Commerce Commission  
 527 EAST CAPITOL AVENUE  
 SPRINGFIELD, ILLINOIS 62701

Box 1061