

ORIGINAL

**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:

Robert J. Mangan  
Clerk Appellate Ct  
Second Judicial District  
55 Symphony Way  
Elgin, IL 60120-5588

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
J. Mangan 6/19/12

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

2. Article Number (Transfer from se) 7011 2970 0003 6447 1040

07-05104

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Robert J. Mangan  
Clerk, Appellate Court  
Second Judicial District  
55 Symphony Way  
Elgin, IL 60120

Box 2 of 15

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
J. Mangan 6/19/12

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

2. Article Number (Transfer from se) 7011 2970 0003 6447 1071

07-0566

- 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:

Robert J. Mangan  
 Clerk, Appellate Court  
 Second Judicial District  
 55 Symphony Way  
 Elgin, IL 60120

Box 3 of 16

7011 2970 0003 6447 1088

07-0566

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. <input checked="" type="checkbox"/> Addressee	
B. Received by (Printed Name) <i>J. Mangan</i>	C. Date of Delivery <i>6/19/12</i>
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 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)  Yes

**OFFICIAL FILE**  
**ILLINOIS COMMERCE COMMISSION**  
**ORIGINAL**

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Robert J. Mangan  
 Clerk, Appellate Court  
 Second Judicial District  
 55 Symphony Way  
 Elgin, IL 60120

Box 1 of 4

2. Article Number

7011 2970 0003 6447 1064

07-0566

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <i>J. Mangan</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>J. Mangan</i>	C. Date of Delivery <i>6/19/12</i>	
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 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)  Yes

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert J. Mangan  
 Clerk, Appellate Court  
 Second Judicial District  
 55 Symphony Way  
 Elgin, IL 60120

Box 4 of 4

2. Article Number

(Transfer from service label)

7011 2970 0003 6447 1057

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <i>J. Mangan</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>J. Mangan</i>	C. Date of Delivery <i>6/19/12</i>	
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 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)  Yes