and 3. Also complete
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address on the reverse
the card to you.
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20-5558

A. Signature
X Regina K Smith ☐ Agent ☐ Addressee

B. Received by (Printed Name) Regina K Smith | C. Date of Delivery 4/28/14

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

000 3528 3135 13-0387

Domestic Return Receipt 102595-02-M-15

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

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 Court
Second Judicial District
55 Symphony Way
Elgin, IL 60120-5558

BX 1003

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Regina K Smith ☐ Agent ☐ Addressee

B. Received by (Printed Name) Regina K Smith | C. Date of Delivery 4/28/14

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
7013 2630 0000 3528 3159 13-0387

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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CHIEF CLERK'S OFFICE
Illinois Commerce Commission

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- 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 Judcial District
55 Symphony Way
Elgin, IL 60120-5558

BX 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Regina K Smith ☐ Agent ☐ Addressee

B. Received by (Printed Name) Regina K Smith | C. Date of Delivery 4/28/14

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
7013 2630 0000 3528 3142 Docket No. 13-0387

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540