ADDITIONAL PROOF OF DELIVERY

[Refer to Illinois Supreme Court Rule 11]

In D , write the name of the document you are	D. I am sending the	ne			
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Then, enter the name, mailing address, and	Name:	First	Middle	Last	
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the document to. If they have a lawyer, you must enter the lawyer's	Email addr	ess:			_
information.	By: 🗌 E	Electronically to the	email address in D :		
Then, check the box to show how you are sending		Email (not throu	gh an EFSP).		
the document.		Using an appro	ved electronic filing servi	ce provider (EFSP)	
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	I or the person I am sending the document to do not have an email address.I am sending the document by (<i>choose one</i>):				
	Mail or third-party carrier to the address in D , with postage or delivery charge prepaid. Location of the mailbox or third-party carrier:				
		Address or Inters	ection	City	State
	Personal hand delivery at this address: (Note: You can only deliver it to the party, the party's family member over 13 at the party's residence, the party's lawyer, or the party's lawyer's office.)				
	Address - Street, Apt #, City, State, and Zip Code				
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Fill in the date and time that you are sending the	This docu	ment will be sent	on:		
document.	Date:		Tir	me:	
Under the Code of Civil		Month, Day, Year		Include AM or	
Procedure, <u>735 ILCS 5/1-</u> <u>109</u> , making a statement			at everything in this doc to be true and correct, a		
on this form that you			erjury and has penalties		at making
know to be false is		,	, , , ,	,	
perjury, a Class 3 Felony.	/s/				
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it by hand, sign by hand and print your name.	Print Your Name		City, State, 2	ZIP	
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address, if you have one.	Firm Name (if any)		Attorney # (i		
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