

PROOF OF SERVICE (You must serve the other party and complete this section)

FILED DATE: 5/19/2025 12:00 AM 2022L010905

In **1a**, enter the name, mailing address, and email address of the party or lawyer to whom you sent the document.

In **1b**, check the box to show how you sent the document, and fill in any other information required on the blank lines.

In **1b**, check the box to show how you are sending the document.

CAUTION: If you and the person you are sending the document to have an email address, you **must** use one of the first two options. Otherwise, you may use one of the other options.

In **c**, fill in the date and time that you sent the document.

In **2**, if you sent the document to more than 1 party or lawyer, fill in **a**, **b**, and **c**. Otherwise leave **2** blank.

1. I sent this document:

a. To:

Name: Robert A. Chapman
First Middle Last

Address: 190 South LaSalle Street, Suite 3850 Chicago Illinois 60603
Street, Apt # City State ZIP

Email address: rchapman@chapmanspingola.com

- b. By:
- An approved electronic filing service provider (EFSP)
 - Email (not through an EFSP)
Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address.
 - Personal hand delivery to:
 - The party
 - The party's family member who is 13 or older, at the party's residence
 - The party's lawyer
 - The party's lawyer's office
 - Mail or third-party carrier

c. On: 05/18/2025
Date

At: 6:30 a.m. p.m.
Time

2. I sent this document:

a. To:

Name: Paul Dulberg
First Middle Last

Address: 4606 Hayden Ct. McHenry, IL. 60051
Street, Apt # City State ZIP

Email address: Paul_Dulberg@comcast.net

- b. By:
- An approved electronic filing service provider (EFSP)
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 - Personal hand delivery to:
 - The party
 - The party's family member who is 13 or older, at the party's residence
 - The party's lawyer
 - The party's lawyer's office
 - Mail or third-party carrier

c. On: 05/18/2025
Date

At: 6:30 a.m. p.m.
Time

In 3, if you sent the document to more than 1 party or lawyer, fill in a, b, and c. Otherwise leave 2 blank.

3. I sent this document:

a. To: Name: Thomas W. Kost Address: 423 W. Dempster St. Mount Prospect Illinois 60056 Email address: tkos999@gmail.com

b. By: [X] An approved electronic filing service provider (EFSP) [] Email (not through an EFSP) Only use one of the methods below if you do not have an email address, or the person you are sending the document to does not have an email address.

- [] Personal hand delivery to: [] The party [] The party's family member who is 13 or older, at the party's residence [] The party's lawyer [] The party's lawyer's office [] Mail or third-party carrier

c. On: 05/18/2025 At: 6:30 [] a.m. [X] p.m.

Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign by hand and print your name.

I certify that everything in the Proof of Service is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under 735 ILCS 5/1-109.

/s/ Alphonse A. Talarico Your Signature

Alphonse A. Talarico Print Your Name

6184530 Attorney # (if any)