



ADDITIONAL DEFENDANT/RESPONDENT ADDRESS AND SERVICE INFORMATION

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: McHenry

County Where You Are Filing the Case

Enter the case information as it appears on your other court documents.

PLAINTIFF/PETITIONER OR IN RE: PAUL R. DULBERG, INDIVIDUALLY AND THE PAUL R. DULBERG REVOCABLE TRUST
Who started the case. First, Middle, and Last Name or Business Name

DEFENDANTS/RESPONDENTS: THOMAS W. GOOCH, SABINA SERSHON, EDWARD X. CLINTON, JULIA WILLIAMS, ALPHONSE TALARICO, GEORGE FLYNN, THOMAS J. POPOVICH, HANS MAST, THE GOOCH FIRM,
Who the case was filed against.

First, Middle, and Last Name or Business Name

** FILED ** Env: 35665518
McHenry County, Illinois
2025LA000360
Date: 12/8/2025 9:47 AM
Katherine M. Keefe
Clerk of the Circuit Court

2025LA000360

Case Number

Use this form only if you are serving more than one Defendant/Respondent. Attach this document to the *Summons*.

NEXT DEFENDANT/RESPONDENT'S INFORMATION

Enter the name and address of the next person who will be served with the Summons.

A. Defendant/Respondent's **primary address/information** for service:

Name: GEORGE FLYNN
First, Middle, and Last Name, or Business Name

Registered Agent's Name (if you are serving the Registered Agent of a business):

First, Middle, and Last Name

Street Address 30 N. LaSalle Suite 1700
Street, Apt #

City, State, ZIP: Chicago, Illinois 60602
City State Zip

Telephone: (312) 646-6746 Email: george.flynn@kaufmandolowich.com

B. **Second address** for this Defendant/Respondent:

☒ I do **not** have another address where the Defendant/Respondent might be found.

☐ I have another address where this Defendant/Respondent might be found. It is:

Street Address _____
Street, Apt #

City, State, ZIP: _____
City State Zip

Telephone: _____ Email: _____

C. Person who will serve your documents on this Defendant/Respondent:

☒ Sheriff in Illinois ☐ Special process server ☐ Licensed private detective

☐ Sheriff outside Illinois: _____
County & State