Law Division Motion Section Initial Case Management Dates for CALENDARS (A,B,C,D,E,F,H,R,X,Z) will be heard In Person.
All other Law Division Initial Case Management Dates will be heard via Zoom
For more information and Zoom Meeting IDs go to https.//www.cookcountycourt,org/HOME?Zoom-Links?Agg4906_SelectTab/12
Court Date: 11/3/2026 9:15 AM

FILED DATE: 9/8/2026 12:00 AM 2026L010642

SUMMONS

IN THE STATE OF ILLINOIS, CIRCUIT COURT

☐ **Alias Summons**

Check if this is not the 1st Summons issued for this Defendant/Respondent.

FILED
9/8/2026 12:00 AM
Mariyana T. Spyropoulos
CIRCUIT CLERK
COOK COUNTY, IL
2026L010642
Calendar, N
39869657

COUNTY: Cook
County Where You Are Filing the Case

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

PLAINTIFF/PETITIONER OR IN RE: Kenneth William Mayle
Who started the case. *First, Middle, and Last Name, or Business Name*

DEFENDANTS/RESPONDENTS: ~~Bryon Kenneth Finke~~, GP Opportunity Corp., GP Opportunity Fund, LLC
Who the case was filed against.
First, Middle, and Last Name, or Business Name

2026L010642
Case Number

The Defendant/Respondent named above has been sued. Read this form for information about how to respond to this lawsuit. Also see page 4 for next steps.

For the person filling out this form: Read all instructions in this box.

This *Summons* can only be used for certain types of cases. See the *How To Serve a Summons* Instructions for more information: ilcourts.info/how-to-summons.

Check 1 if this is a 30-day summons or check 2 if this is a date certain summons. Fill in all the information in 1 or 2.

- Use a **date certain summons** if you are asking for money of $50,000 or less or recovery of your personal property that you think the Defendant has, and for some mandatory arbitration cases. In 2, fill in your court date and how to go to court. You may get the court date when you e-file or you may need to ask the Circuit Clerk's office.
- Use a **30-day summons** for most other case types.

Complete the rest of the form with the Defendant/Respondent's information and information about the lawsuit.

If you are suing more than 1 Defendant/Respondent, attach an *Additional Defendant/Respondent Address and Service Information* form for **each** additional Defendant/Respondent.

☑ 1. 30-DAY SUMMONS

To participate in this case, you must **file** your *Appearance* and *Answer/Response* forms with the court within 30 days after you are served with this *Summons* (not counting the day of service) by e-filing or at:

Court Address: **50 W. Washington St., Chicago, IL 60602**
Courthouse Street Address

- or -

☐ 2. DATE CERTAIN SUMMONS

Your court date is listed below. Information about getting a court date and how to attend is available from the Circuit Clerk. You can find their contact information at ilcourts.info/clerks.

To respond to this *Summons*, you must **attend court** in one of the ways checked below on:

_____ at _____ ☐ a.m. ☐ p.m. in _____.
Month, Day, Year *Time* *Courtroom Number*

FILED DATE: 9/8/2026 12:00 AM 2026L010642

Going to Court for a Date Certain Summons

Court dates may be in-person, remote, or a combination of in-person and remote.

☐ **In person** at: _____
Courtroom Address *Courtroom Number*

☐ **Remotely** (video or telephone)

By video conference at: _____
Video Conference Website

Log-in information: _____
Video Conference Log-in Information, Meeting ID, Password, etc.

By telephone at: _____
Call-in Number for Telephone Remote Appearance

To find out more about remote court options:

Phone: _____ or Website: _____
Circuit Clerk's Phone Number *Website URL*



3. ADDITIONAL INFORMATION ABOUT THE LAWSUIT

a. I am asking for the following amount of money in my *Complaint/Petition*: $ $0 ☒☒.
(Enter 0 if you are not asking for money)

b. I am asking for the return of tangible personal property (items in the Defendant/Respondent's possession) my *Complaint/Petition*.

□ Yes X No

4. DEFENDANT/RESPONDENT'S INFORMATION

a. Number of Defendants/Respondents being served:

☐ I am having 1 Defendant/Respondent served and their information is on this form below.

☑ I am having more than 1 Defendant/Respondent served. The first is listed below. I have attached *Additional Defendant/Respondent Address and Service Information* forms for the following number of additional Defendants/Respondents: 2 Additional Defendants
Number

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

Name: Bryon Kenneth Finke
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: 10 E Delaware Place Apt 10A
Street, Apt #

City, State, ZIP: Chicago, IL 60611
City *State* *Zip*

Telephone: (847) 910-7118 Email: bryon.finke@gmail.com (incl yahoo below)

FILED DATE: 9/8/2026 12:00 AM 2026L010642

c. **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: 4209 W Jackson BLVD Chicago, IL 60624 - Unknown unit
Street, Apt #

City, State, ZIP: Chicago, IL 60624
City *State* *Zip*

Telephone: (847) 910-7118 Email: bryon.finke@yahoo.com (incl gmail above)

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

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

☐ Sheriff outside Illinois: _____
County & State

PLAINTIFF/PETITIONER INFORMATION:

Enter your information below.

Name Kenneth William Mayle
First, Middle and Last Name

Registered Agent's name, if any _____
First, Middle and Last Name

Street Address 1034 North Karlov Avenue
Street, Apt #

City, State, ZIP: Chicago, IL 60651
City *State* *Zip*

Telephone: 248-635-7455 Email: ken.mayle@gmail.com

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.

STOP The Circuit Clerk and officer or process server will fill in this section.

9/8/2026 12:00 AM Mariyana T. Spyropoulos

To be filled in by the Circuit Clerk:

Witness this Date: _____

Clerk of the Court: _____

Seal of Court

To be filled in by an officer or process server:

Date of Service: _____

Fill in the date above and give this copy of the Summons to the person served.

Note to officer or process server:

- If **1** is checked, this is a 30-day *Summons* and must be served within 30 days of the witness date.
- If **2** is checked, this is a date certain *Summons* and must be served at least 21 days before the court date, unless 3b is checked yes.
  - If **2** is checked **and 3b** is checked yes, the *Summons* must be served at least 3 days before the court date.
- Fill in the date above and give this copy of the *Summons* to the person served.
- You must also complete the attached *Proof of Service* form and file it with the court or return it to the Plaintiff.

FILED DATE: 9/8/2026 12:00 AM 2026L010642

Case Number _____

WHAT'S NEXT

NEXT STEPS FOR PERSON FILLING OUT THIS FORM:

When you file a lawsuit, you must notify the person or business you are suing of the court case by having the *Summons* and Complaint or Petition delivered to them. This is called "serving" them.

File your *Summons* and Complaint or Petition with the Circuit Clerk in the county where your court case should be filed. The Circuit Clerk will "issue" the *Summons* by putting a court seal on the form.

Have the sheriff or a private process server serve the *Summons* and a copy of the Complaint or Petition on the Defendant/Respondent. You cannot serve the *Summons* yourself.

Learn more about each step in the process and how to file in the instructions: ilcourts.info/how-to-summons.

NEXT STEPS FOR PERSON RECEIVING THIS DOCUMENT:

You have been sued:

- Read all documents attached to this *Summons*.
- All documents referred to in this *Summons* can be found at ilcourts.info/forms. Other documents may be available from your local Circuit Court Clerk's office or website.
- You may be charged filing fees, but if you cannot pay them, you can file an *Application for Waiver of Court Fees (Civil)*.
- When you go to court, it is possible that the court will allow you to attend the first court date in this case in-person or remotely by video or phone. Contact the Circuit Court Clerk's office or visit the Court's website to find out whether this is possible and, if so, how to do this.

If Section 1 on page 1 of this *Summons* is checked (30-day summons*)*:

- You **must** file official documents called an *Appearance* and an *Answer/Response* with the court within 30 days of the date you were served with this *Summons*.
- If you do not file an *Appearance* and *Answer/Response* on time, the judge may decide the case without hearing from you. This is called "default." As a result, you could lose the case.
- After you fill out the necessary documents, you need to electronically file (e-file) them with the court. To e-file, you must create an account with an e-filing service provider. For more information, go to ilcourts.info/efile. If you cannot e-file, you can get an exemption that allows you to file in-person or by mail.
- You should be notified of any future court dates.

If Section 2 on page 1 of this *Summons* is checked (date certain summons):

- You **must** attend court on the date listed in Section 2 of this *Summons*.
- If you do not attend that court date, the judge may decide the case without hearing from you. This is called "default." As a result, you could lose the case.

Need Help? ¿Necesita ayuda?

- Call or text Illinois Court Help at 833-411-1121 or go to ilcourthelp.gov for information about going to court, including how to fill out and file documents.
- Llame o envíe un mensaje de texto a Illinois Court Help al 833-411-1121, o visite ilcourthelp.gov para obtener información sobre los casos de la corte y cómo completar y presentar formularios.
- You can also get free legal information and legal referrals at illinoislegalaid.org.
- If there are any words or terms that you do not understand, please **visit Illinois Legal Aid Online** at ilao.info/glossary. You may also find more information, resources, and the location of your local legal self-help center at: ilao.info/lshc-directory.

FILED DATE: 9/8/2026 12:00 AM 2026L010642

Case Number _____

PROOF OF SERVICE OF SUMMONS AND COMPLAINT/PETITION

IN THE STATE OF ILLINOIS, CIRCUIT COURT

☐ **Alias Summons**

Check if this is not the 1st Summons issued for this Defendant/Respondent.

COUNTY: Cook

County Where You Are Filing the Case

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

PLAINTIFF/PETITIONER OR IN RE: Kenneth William Mayle

Who started the case. *First, Middle, and Last Name, or Business Name*

2026L010642

Case Number

DEFENDANTS/RESPONDENTS: Bryon Kenneth Finke, GP Opportunity Corp. , GP Opportunity Fund LLC

Who the case was filed against.

First, Middle, and Last Name, or Business Name

STOP Do not complete the rest of the form. **The sheriff or special process server will fill in the form.** Give them one copy of this blank *Proof of Service* form for each Defendant/Respondent who will be served.

My name is _____ and I state:

Officer/Process Server First, Middle, Last Name

SERVICE INFORMATION

Defendant/Respondent: _____

First, Middle, Last Name, or Business Name

☐ I was not able to serve the *Summons* and Complaint/Petition on the Defendant/Respondent named above.

- or -

☐ I served the *Summons* and Complaint/Petition on the Defendant/Respondent named above as follows:

☐ **Personally** on the Defendant/Respondent:

☐ Male ☐ Female ☐ Non-Binary Approx. Age: _____ Race: _____

On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

☐ On **someone else at the Defendant/Respondent's home** who is at least 13 years old and is a family member or lives there:

Name of person served: _____

First, Middle, Last Name

☐ Male ☐ Female ☐ Non-Binary Approx. Age: _____ Race: _____

On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

and by sending a copy to this Defendant/Respondent in a postage-paid, sealed envelope to the above address on this date: _____.

FILED DATE: 9/8/2026 12:00 AM 2026L010642

☐ On the **Business's agent:** _____
First, Middle, Last Name

☐ Male ☐ Female ☐ Non-Binary Approx. Age: _____ Race: _____

On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

SERVICE ATTEMPTS

I made the following attempts to serve the *Summons* and Complaint/Petition on the Defendant/Respondent:

First Attempt: On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

Other information about service attempt:

_____

_____

_____

Second Attempt: On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

Other information about service attempt:

_____

_____

_____

Third Attempt: On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

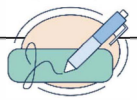
Other information about service attempt:

_____

_____

_____

SIGN



I certify under 735 ILCS 5/1-109 that:

1) everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and

2) I understand that making a false statement on this form is perjury and has penalties provided by law.

Your Signature /s/_____ Print Your Name _____

You are: ☐ Sheriff in Illinois ☐ Special process server

☐ Sheriff outside Illinois: _____ ☐ Licensed private detective, license number: _____
County and State *License number*

FEES:

Service and Return: $_____ Miles: $_____ Total: $_____

FILED
9/8/2026 12:00 AM
Mariyana T. Spyropoulos
CIRCUIT CLERK
COOK COUNTY, IL
2026L010642
Calendar, N

FILED DATE: 9/8/2026 12:00 AM 2026L010642

ADDITIONAL DEFENDANT/RESPONDENT ADDRESS AND SERVICE INFORMATION

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: Cook
County Where You Are Filing the Case

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

PLAINTIFF/PETITIONER OR IN RE: Kenneth William Mayle
Who started the case. *First, Middle, and Last Name or Business Name*

2026L010642
Case Number

DEFENDANTS/RESPONDENTS: Bryon Kenneth Finke, GP Opportunity Corp.
Who the case was filed against.
GP Opportunity Fund LLC
First, Middle, and Last Name or Business Name

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: GP Opportunity Corp.
First, Middle, and Last Name, or Business Name

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

Matthew Taglia
First, Middle, and Last Name

Street Address 7355 GARDEN ST
Street, Apt #

City, State, ZIP: River Forest, IL 60305-2213
City *State* *Zip*

Telephone: (708) 488-0200 Email: matt@tagliaassociates.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 7354 GARDEN ST (Address Possibly changed recently to 7354 on building?)
Street, Apt #

City, State, ZIP: River Forest, IL 60305-2213
City *State* *Zip*

Telephone: (708) 488-0200 Email: matt@tagliaassociates.com

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

FILED DATE: 9/8/2026 12:00 AM 2026L010642

Case Number _____

PROOF OF SERVICE OF SUMMONS AND COMPLAINT/PETITION

IN THE STATE OF ILLINOIS, CIRCUIT COURT

☐ **Alias Summons**

Check if this is not the 1st Summons issued for this Defendant/Respondent.

COUNTY: Cook
County Where You Are Filing the Case

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

PLAINTIFF/PETITIONER OR IN RE: Kenneth William Mayle
Who started the case. *First, Middle, and Last Name, or Business Name*

2026L010642
Case Number

DEFENDANTS/RESPONDENTS: Bryon Kenneth Finke, GP Opportunity Corp. , GP Opportunity Fund LLC
Who the case was filed against.

First, Middle, and Last Name, or Business Name

STOP Do not complete the rest of the form. **The sheriff or special process server will fill in the form.** Give them one copy of this blank *Proof of Service* form for each Defendant/Respondent who will be served.

My name is _____ and I state:
Officer/Process Server First, Middle, Last Name

SERVICE INFORMATION

Defendant/Respondent: _____
First, Middle, Last Name, or Business Name

☐ I was not able to serve the *Summons* and Complaint/Petition on the Defendant/Respondent named above.

- or -

☐ I served the *Summons* and Complaint/Petition on the Defendant/Respondent named above as follows:

☐ **Personally** on the Defendant/Respondent:

☐ Male ☐ Female ☐ Non-Binary Approx. Age: _____ Race: _____

On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

☐ On **someone else at the Defendant/Respondent's home** who is at least 13 years old and is a family member or lives there:

Name of person served: _____
First, Middle, Last Name

☐ Male ☐ Female ☐ Non-Binary Approx. Age: _____ Race: _____

On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

and by sending a copy to this Defendant/Respondent in a postage-paid, sealed envelope to the above address on this date: _____.

FILED DATE: 9/8/2026 12:00 AM 2026L010642

☐ On the **Business's agent:** _____
First, Middle, Last Name

☐ Male ☐ Female ☐ Non-Binary Approx. Age: _____ Race: _____

On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

SERVICE ATTEMPTS

I made the following attempts to serve the *Summons* and Complaint/Petition on the Defendant/Respondent:

First Attempt: On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

Other information about service attempt:

_____

_____

_____

Second Attempt: On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

Other information about service attempt:

_____

_____

_____

Third Attempt: On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

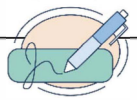
Other information about service attempt:

_____

_____

_____

SIGN



I certify under 735 ILCS 5/1-109 that:

1) everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and

2) I understand that making a false statement on this form is perjury and has penalties provided by law.

Your Signature /s/_____ Print Your Name _____

You are: ☐ Sheriff in Illinois ☐ Special process server

☐ Sheriff outside Illinois: _____ ☐ Licensed private detective, license number: _____
County and State *License number*

FEES:

Service and Return: $_____ Miles: $_____ Total: $_____

FILED
9/8/2026 12:00 AM
Mariyana T. Spyropoulos
CIRCUIT CLERK
COOK COUNTY, IL
2026L010642
Calendar, N

FILED DATE: 9/8/2026 12:00 AM 2026L010642

ADDITIONAL DEFENDANT/RESPONDENT ADDRESS AND SERVICE INFORMATION

IN THE STATE OF ILLINOIS, CIRCUIT COURT

COUNTY: Cook
County Where You Are Filing the Case

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

PLAINTIFF/PETITIONER OR IN RE: Kenneth William Mayle
Who started the case. *First, Middle, and Last Name or Business Name*

2026L010642
Case Number

DEFENDANTS/RESPONDENTS: Bryon Kenneth Finke
Who the case was filed against.
GP Opportunity Corp.
GP Opportunity Fund LLC
First, Middle, and Last Name or Business Name

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: GP Opportunity Fund LLC
First, Middle, and Last Name, or Business Name

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

GP Opportunity Corp.
First, Middle, and Last Name

Street Address: 7355 Garden Street
Street, Apt #

City, State, ZIP: River Forest, IL 60305
City *State* *Zip*

Telephone: (847) 910-7118 Email: bryon.finke1@yahoo.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: 10 E DELAWARE PL 10A
Street, Apt #

City, State, ZIP: CHICAGO,IL 60611
City *State* *Zip*

Telephone: (847) 910-7118 Email: bryon.finke1@yahoo.com

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

FILED DATE: 9/8/2026 12:00 AM 2026L010642

Case Number _____

PROOF OF SERVICE OF SUMMONS AND COMPLAINT/PETITION

IN THE STATE OF ILLINOIS, CIRCUIT COURT

☐ **Alias Summons**

Check if this is not the 1st Summons issued for this Defendant/Respondent.

COUNTY: Cook
County Where You Are Filing the Case

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

PLAINTIFF/PETITIONER OR IN RE: Kenneth William Mayle
Who started the case. *First, Middle, and Last Name, or Business Name*

2026L010642
Case Number

DEFENDANTS/RESPONDENTS: Bryon Kenneth Finke, GP Opportunity Corp. , GP Opportunity Fund LLC
Who the case was filed against.
First, Middle, and Last Name, or Business Name

STOP Do not complete the rest of the form. **The sheriff or special process server will fill in the form.** Give them one copy of this blank *Proof of Service* form for each Defendant/Respondent who will be served.

My name is _____ and I state:
Officer/Process Server First, Middle, Last Name

SERVICE INFORMATION

Defendant/Respondent: _____
First, Middle, Last Name, or Business Name

☐ I was not able to serve the *Summons* and Complaint/Petition on the Defendant/Respondent named above.

- or -

☐ I served the *Summons* and Complaint/Petition on the Defendant/Respondent named above as follows:

☐ **Personally** on the Defendant/Respondent:

☐ Male ☐ Female ☐ Non-Binary Approx. Age: _____ Race: _____

On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

☐ On **someone else at the Defendant/Respondent's home** who is at least 13 years old and is a family member or lives there:

Name of person served: _____
First, Middle, Last Name

☐ Male ☐ Female ☐ Non-Binary Approx. Age: _____ Race: _____

On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

and by sending a copy to this Defendant/Respondent in a postage-paid, sealed envelope to the above address on this date: _____.

FILED DATE: 9/8/2026 12:00 AM 2026L010642

☐ On the **Business's agent:** _____
First, Middle, Last Name

☐ Male ☐ Female ☐ Non-Binary Approx. Age: _____ Race: _____

On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

SERVICE ATTEMPTS

I made the following attempts to serve the *Summons* and Complaint/Petition on the Defendant/Respondent:

First Attempt: On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

Other information about service attempt:

_____

_____

_____

Second Attempt: On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

Other information about service attempt:

_____

_____

_____

Third Attempt: On this date: _____ at this time: _____ ☐ a.m. ☐ p.m.

Address, Unit#: _____

City, State, ZIP: _____

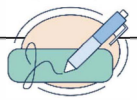
Other information about service attempt:

_____

_____

_____

SIGN



I certify under 735 ILCS 5/1-109 that:

1) everything in this document is true and correct, or I have been informed or I believe it to be true and correct, and

2) I understand that making a false statement on this form is perjury and has penalties provided by law.

Your Signature /s/_____ Print Your Name _____

You are: ☐ Sheriff in Illinois ☐ Special process server

☐ Sheriff outside Illinois: _____ ☐ Licensed private detective, license number: _____
County and State *License number*

FEES:

Service and Return: $_____ Miles: $_____ Total: $_____