## BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

| IN THE MATTER OF THE<br>APPEAL, | ) | NO. |
|---------------------------------|---|-----|
| AITEAL,                         | ) |     |
|                                 | ) |     |
|                                 | ) |     |

## PROOF OF SERVICE

|  | I,, the undersigned, hereby certify that on the day of   |  |
|--|--|--|
|  | 20, I served a true and correct copy of the  |  |
| -  | (name of the document or other paper served) upon:   |  |
| -  | (name and  |  |
| ;  | address of person or entity served)  |  |
| 1  | by (check applicable box and complete if necessary):   |  |
| hand delivering a true and correct copy to the aforementioned person or entity at the above address. |  |  |
|  | depositing a true and correct copy in the United States mail, first class postage fully prepaid, addressed as above, at Springfield, Illinois. |  |
|  | depositing a true and correct copy in the United States mail by certified mail, return receipt requested, addressed as above, at, Illinois.    |  |
|  | Dated this day of 20   |  |

Signature