

Exhibit A
SMOKE-FREE ILLINOIS ACT CITATION (410 ILCS 82)

Ford-Iroquois Public Health
(Enforcing agency) Department }
Park Street Pub LLC }
(Violator/Respondent's name) }
Complaint # Champaign SFI 2013 10760
(Region) (Year) (Citation Number)
States that on 11/8/12 (date) at approximately 8:22 (a.m./p.m.) at Park Street Pub LLC
Gilman IL 60938, County of Iroquois, State of Illinois, Violator/Respondent of
629 S. Crescent Gilman IL 60938
(Violator/Respondent's street address) (City) (State) (ZIP Code)

_____, committed the following violations of 410 ILCS 82, to wit:
(Driver's License/ID number/DOB) (State)

- Smoking in a public place, in violation of Section 15;
- Smoking in a place of employment, in violation of Section 15;
- Smoking within 15 feet of an entrance to a public place/place of employment, violating Section 15;
- Owner failed to reasonably ensure that smoking is prohibited in an indoor/public place in violation of Section 15.
- Other/further nature of offense(s): _____
_____ in violation of Section _____

Name, address and telephone number of witness, if other than the undersigned: JULIE CLARK
7 Forest Drive, Maryville IL 62062 (618) 288-1123

Under 410 ILCS 82/45(b), a person violating section 15 shall be fined \$100 for the first offense and \$250 for each subsequent offense. An owner/operator of a public place or place of employment shall be fined \$250 for the first offense, \$500 for the second violation within one year and \$2,500 for each additional violation occurring within one year of the first violation. The total penalty for the above-cited violation(s) is \$ 250.

I acknowledge receipt of this citation: Violator: _____ Date: _____

(Signature is acknowledgement of receipt of a copy of this notice, NOT an admission of guilt or fault)

If Violator refuses to sign:

I hereby affirm that the Violator was served with a copy of this citation by certified mail personally on 11/9/12
at Watseka IL Post Office location at 3 a.m./p.m.

The undersigned certifies and verifies that the statements appearing above are true and correct and affixes his/her verified signature hereto.

[Signature] 11/9/12 Douglas D. Corbett
(Enforcing agent's signature) (Date) (Enforcing agent's printed name)
114 North Third St Watseka IL 815-432-2483
(Enforcing agent's professional address) 60970 (Enforcing agent's business phone number)

**IMPORTANT INSTRUCTIONS FOR PAYMENT OR CONTESTING THIS
CITATION APPEAR ON THE BACK OF THIS DOCUMENT**

Exhibit A
SMOKE-FREE ILLINOIS ACT CITATION (410 ILCS 82)

Ford-Iroquois Public
(Enforcing agency) Health Department

CC Depot Inc
(Violator/Respondent's name)

Complaint # R Champaign SFI 2013 10702
(Region) (Year) (Citation Number)

States that on 11/8/12 (date) at approximately 8:02 a.m./p.m. at CC Depot Inc
303 main Street
Crescent City, IL 60928

County of Iroquois, State of Illinois, Violator/Respondent of

303 main Street Crescent City IL 60928
(Violator/Respondent's street address) (City) (State) (ZIP Code)

_____, committed the following violations of 410 ILCS 82, to wit:
(Driver's License/ID number/DOB) (State)

- Smoking in a public place, in violation of Section 15;
- Smoking in a place of employment, in violation of Section 15;
- Smoking within 15 feet of an entrance to a public place/place of employment, violating Section 15;
- Owner failed to reasonably ensure that smoking is prohibited in an indoor/public place in violation of Section 15.
- Other/further nature of offense(s): _____

Name, address and telephone number of witness, if other than the undersigned: JULIE CLARK
7 Forest Drive, Maryville, IL 62062 618-288-1123

Under 410 ILCS 82/45(b), a person violating section 15 shall be fined \$100 for the first offense and \$250 for each subsequent offense. An owner/operator of a public place or place of employment shall be fined \$250 for the first offense, \$500 for the second violation within one year and \$2,500 for each additional violation occurring within one year of the first violation. The total penalty for the above-cited violation(s) is \$ 250.

I acknowledge receipt of this citation: Violator: _____ Date: _____

(Signature is acknowledgement of receipt of a copy of this notice, NOT an admission of guilt or fault)

If Violator refuses to sign:
I hereby affirm that the Violator was served with a copy of this citation by mail personally on 11/9/12
at Watseka, IL Post Office location at 3 a.m./p.m.

The undersigned certifies and verifies that the statements appearing above are true and correct and affixes his/her verified signature hereto:

[Signature] 11/9/12 Douglas D. Corbett
(Enforcing agent's signature) (Date) (Enforcing agent's printed name)
114 North Third St Watseka, IL 815-432-2483
(Enforcing agent's professional address) 60970 (Enforcing agent's business phone number)

IMPORTANT INSTRUCTIONS FOR PAYMENT OR CONTESTING THIS CITATION APPEAR ON THE BACK OF THIS DOCUMENT

Exhibit A
SMOKE-FREE ILLINOIS ACT CITATION (410 ILCS 82)

Ford-Iroquois Public Health Department
(Enforcing agency)

Rosie's Fine Foods "Spirits"

Complaint # R SFI 2013 10763
(Region) (Year) (Citation Number)

Champaign
Rosie's Fine Foods "Spirits"
130 W 4th Street
Sheldon, IL

(Violator/Respondent's name)

States that on 11/8/12 (date) at approximately 5:45 a.m./p.m. at

Sheldon, IL 60966 County of Iroquois, State of Illinois, Violator/Respondent of

130 W 4th Street Sheldon IL 60966
(Violator/Respondent's street address) (City) (State) (ZIP Code)

_____, committed the following violations of 410 ILCS 82, to wit:
(Driver's License/ID number/DOB) (State)

- Smoking in a public place, in violation of Section 15;
- Smoking in a place of employment, in violation of Section 15;
- Smoking within 15 feet of an entrance to a public place/place of employment, violating Section 15;
- Owner failed to reasonably ensure that smoking is prohibited in an indoor/public place in violation of Section 15.
- Other/further nature of offense(s): _____

Name, address and telephone number of witness, if other than the undersigned: JULIE CLARK
7 Forest Drive, Maryville, IL 62002 (618) 288-1123

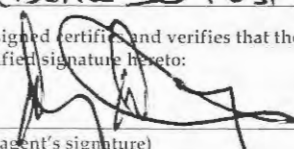
Under 410 ILCS 82/45(b), a person violating section 15 shall be fined \$100 for the first offense and \$250 for each subsequent offense. An owner/operator of a public place or place of employment shall be fined \$250 for the first offense, \$500 for the second violation within one year and \$2,500 for each additional violation occurring within one year of the first violation. The total penalty for the above-cited violation(s) is \$250.

I acknowledge receipt of this citation: Violator: _____ Date: _____

(Signature is acknowledgement of receipt of a copy of this notice, NOT an admission of guilt or fault)

If Violator refuses to sign:
I hereby affirm that the Violator was served with a copy of this citation by certified mail personally on 11/9/12
at Watseka IL Post Office location at 3 a.m./p.m.

The undersigned certifies and verifies that the statements appearing above are true and correct and affixes his/her verified signature hereto:


(Enforcing agent's signature) 11/9/12 Douglas D. Corbett (Date) (Enforcing agent's printed name)
114 North Third St Watseka, IL 815-432-2483
(Enforcing agent's professional address) 60970 (Enforcing agent's business phone number)

IMPORTANT INSTRUCTIONS FOR PAYMENT OR CONTESTING THIS
CITATION APPEAR ON THE BACK OF THIS DOCUMENT

Exhibit A
SMOKE-FREE ILLINOIS ACT CITATION (410 ILCS 82)

For 1 - Illinois Public Health Department)
 (Enforcing agency))
) Complaint # R3 SFI 2012 **10753**
) (Region) (Year) (Citation Number)
Stassie's Bar & Grill Inc)
 (Violator/Respondent's name))
 States that on 5/7/12 (date) at approximately 4:30 (a.m./p.m.) at 173 S Main St
Clinton, IL 61828 County of Illinois, State of Illinois, Violator/Respondent of
1 Dendora Square Ste 431 Kankakee IL 60901
 (Violator/Respondent's street address) (City) (State) (ZIP Code)

_____, committed the following violations of 410 ILCS 82, to wit:
 (Driver's License/ID number/DOB) (State)

- Smoking in a public place, in violation of Section 15;
 - Smoking in a place of employment, in violation of Section 15;
 - Smoking within 15 feet of an entrance to a public place/place of employment, violating Section 15;
 - Owner failed to reasonably ensure that smoking is prohibited in an indoor/public place in violation of Section 15.
 - Other/further nature of offense(s): _____
- _____ in violation of Section _____

Name, address and telephone number of witness, if other than the undersigned: Jane Curt
7 Forest Drive, Maryville, IL 62062 618-258-1123

Under 410 ILCS 82/45(b), a person violating section 15 shall be fined \$100 for the first offense and \$250 for each subsequent offense. An owner/operator of a public place or place of employment shall be fined \$250 for the first offense, \$500 for the second violation within one year and \$2,500 for each additional violation occurring within one year of the first violation. The total penalty for the above-cited violation(s) is \$250.

I acknowledge receipt of this citation: Violator: _____ Date: _____
 (Signature is acknowledgement of receipt of a copy of this notice, NOT an admission of guilt or fault)

If Violator refuses to sign:
 I hereby affirm that the Violator was served with a copy of this citation by mail personally on 5/7/12
 at Maryville, IL Post Office location at 3 a.m./p.m.

The undersigned certifies and verifies that the statements appearing above are true and correct and affixes his/her verified signature hereto:
[Signature] 3/3/12 Donald D. Bennett
 (Enforcing agent's signature) (Date) (Enforcing agent's printed name)
1405 N. 1st St. Unit 1 715-432-2483
 (Enforcing agent's professional address) (Enforcing agent's business phone number)

IMPORTANT INSTRUCTIONS FOR PAYMENT OR CONTESTING THIS CITATION APPEAR ON THE BACK OF THIS DOCUMENT

SMOKE-FREE ILLINOIS ACT CITATION (410 ILCS 82)

East-Texas Area Public Health
 (Enforcing agency)

Debra Yule
Jumping Jack
 (Violator/Respondent's name)

Complaint # R _____ SFI 2012 10757
 (Region) (Year) (Citation Number)

States that on 5/1/12 (date) at approximately 5:40 (a.m./p.m.) at Jumping Jack
1500 N. 4th St County of East State of Illinois, Violator/Respondent of

1500 N. 4th St (Violator/Respondent's street address) East (City) TX (State) 75001 (ZIP Code)

_____, (Driver's License/ID number/DOB) _____ (State), committed the following violations of 410 ILCS 82, to wit:

- Smoking in a public place, in violation of Section 15;
- Smoking in a place of employment, in violation of Section 15;
- Smoking within 15 feet of an entrance to a public place/place of employment, violating Section 15;
- Owner failed to reasonably ensure that smoking is prohibited in an indoor/public place in violation of Section 15.
- Other/further nature of offense(s): _____

Name, address and telephone number of witness, if other than the undersigned: John White
7 Forest Drive, Prichville, TX 75002 409-288-1123

Under 410 ILCS 82/45(b), a person violating section 15 shall be fined \$100 for the first offense and \$250 for each subsequent offense. An owner/operator of a public place or place of employment shall be fined \$250 for the first offense, \$500 for the second violation within one year and \$2,500 for each additional violation occurring within one year of the first violation. The total penalty for the above-cited violation(s) is \$ 250.

I acknowledge receipt of this citation: Violator: _____ Date: _____
 (Signature is acknowledgement of receipt of a copy of this notice, NOT an admission of guilt or fault)

If Violator refuses to sign:
 I hereby affirm that the Violator was served with a copy of this citation by mail personally on 5/3/12
 at Prichville, TX location at 5:40 a.m./p.m.)

The undersigned certifies and verifies that the statements appearing above are true and correct and affixes his/her verified signature hereto:
[Signature]
 (Enforcing agent's signature) (Date) 5/3/12 (Enforcing agent's printed name)

1111 N. Main St - Prichville, TX (Enforcing agent's professional address) (409) 288-9422 (Enforcing agent's business phone number)

IMPORTANT INSTRUCTIONS FOR PAYMENT OR CONTESTING THIS CITATION APPEAR ON THE BACK OF THIS DOCUMENT

SMOKE-FREE ILLINOIS ACT CITATION (410 ILCS 82)

For-1-Ex-Grm Public)
 (Enforcing agency) Holtz Co. Environmental)
Dwight Lewis - Methuen) Complaint # R 2 SFI 2012 10756
Keon Locks) (Region) (Year) (Citation Number)
 (Violator/Respondent's name) Brownfield
 States that on 5/1/12 (date) at approximately 1:35 (a.m./p.m.) at 241 N Central
Gilman IL County of Jackson State of Illinois, Violator/Respondent of
200 N Hamilton St Gilman IL 60938
 (Violator/Respondent's street address) (City) (State) (ZIP Code)

_____, committed the following violations of 410 ILCS 82, to wit:
 (Driver's License/ID number/DOB) (State)

- Smoking in a public place, in violation of Section 15;
 - Smoking in a place of employment, in violation of Section 15;
 - Smoking within 15 feet of an entrance to a public place/place of employment, violating Section 15;
 - Owner failed to reasonably ensure that smoking is prohibited in an indoor/public place in violation of Section 15.
 - Other/further nature of offense(s): _____
- _____, in violation of Section _____

Name, address and telephone number of witness, if other than the undersigned: Cary Hagen
815 W. Lake - yallertail's work area IL 60970 815-432-2112

Under 410 ILCS 82/45(b), a person violating section 15 shall be fined \$100 for the first offense and \$250 for each subsequent offense. An owner/operator of a public place or place of employment shall be fined ~~\$250~~ for the first offense, \$500 for the second violation within one year and \$2,500 for each additional violation occurring within one year of the first violation. The total penalty for the above-cited violation(s) is \$ 250.

I acknowledge receipt of this citation: Violator: _____ Date: _____

(Signature is acknowledgement of receipt of a copy of this notice, NOT an admission of guilt or fault)

If Violator refuses to sign:
 I hereby affirm that the Violator was served with a copy of this citation by mail personally on 5/1/12
 at Maryville IL location at 3:00 a.m./p.m.

The undersigned certifies and verifies that the statements appearing above are true and correct and affixes his/her verified signature hereto:

[Signature] 5/3/12 Dwight Lewis
 (Enforcing agent's signature) (Date) (Enforcing agent's printed name)
111 W 3rd St Wats. Co. IL (609) 432-2433
 (Enforcing agent's professional address) (Enforcing agent's business phone number)

IMPORTANT INSTRUCTIONS FOR PAYMENT OR CONTESTING THIS CITATION APPEAR ON THE BACK OF THIS DOCUMENT

SMOKE-FREE ILLINOIS ACT CITATION (410 ILCS 82)

East-Troop's Public Health Department)
 (Enforcing agency))
Carol Trumbull)
Ricky Barr)
 (Violator/Respondent's name))

Complaint # R-1 SFI 2012 10760
 (Region) (Year) (Citation Number)

States that on 5/1/12 (date) at approximately 7:00 (a.m./p.m.) at Ricky Barr 522 West Walnut St
Wentzville, IL County of Troop's, State of Illinois, Violator/Respondent of
522 West Walnut St (Violator/Respondent's street address) Wentzville, IL (City) 66970 (State) (ZIP Code)

_____, committed the following violations of 410 ILCS 82, to wit:
 (Driver's License/ID number/DOB) (State)

- Smoking in a public place, in violation of Section 15;
 - Smoking in a place of employment, in violation of Section 15;
 - Smoking within 15 feet of an entrance to a public place/place of employment, violating Section 15;
 - Owner failed to reasonably ensure that smoking is prohibited in an indoor/public place in violation of Section 15.
 - Other/further nature of offense(s): _____
- _____, in violation of Section _____

Name, address and telephone number of witness, if other than the undersigned: Julie Clark
7 Forest Drive, Marysville, IL 62052 (618-288-1123)

Under 410 ILCS 82/45(b), a person violating section 15 shall be fined \$100 for the first offense and \$250 for each subsequent offense. An owner/operator of a public place or place of employment shall be fined \$250 for the first offense, \$500 for the second violation within one year and \$2,500 for each additional violation occurring within one year of the first violation. The total penalty for the above-cited violation(s) is \$ 250.

I acknowledge receipt of this citation: Violator: _____ Date: _____
 (Signature is acknowledgement of receipt of a copy of this notice, NOT an admission of guilt or fault)

If Violator refuses to sign:
 I hereby affirm that the Violator was served with a copy of this citation by mail personally on 5/1/12
 at Marysville IL 62052 location at 3:00 a.m./p.m.

The undersigned certifies and verifies that the statements appearing above are true and correct and affixes his/her verified signature hereto:

[Signature] 5/8/12 Douglas D. Carroll
 (Enforcing agent's signature) (Date) (Enforcing agent's printed name)
1140 3rd St, Wentzville, IL (618) 288-2110
 (Enforcing agent's professional address) (Enforcing agent's business phone number)

IMPORTANT INSTRUCTIONS FOR PAYMENT OR CONTESTING THIS CITATION APPEAR ON THE BACK OF THIS DOCUMENT

Original - White • Violator/Respondent - Yellow • Enforcing Agency - Pink

SMOKE-FREE ILLINOIS ACT CITATION (410 ILCS 82)

First Illinois Police)
 (Enforcing agency) Hennepin Dept)
Ronnie Brinkleyburg) Complaint # R-10759
RBS Westside Lounge) (Region) SFI 2012 (Citation Number)
 (Violator/Respondent's name) RB'S Westside Lounge
 States that on 5/10/12 (date) at approximately 3:00 (a.m./p.m.) at 117 West Oak Street
Waukegan, IL County of IL State of Illinois, Violator/Respondent of
117 West Oak Street Waukegan IL 60070
 (Violator/Respondent's street address) (City) (State) (ZIP Code)

_____, committed the following violations of 410 ILCS 82, to wit:
 (Driver's License/ID number/DOB) (State)

- () Smoking in a public place, in violation of Section 15;
- () Smoking in a place of employment, in violation of Section 15;
- () Smoking within 15 feet of an entrance to a public place/place of employment, violating Section 15;
- Owner failed to reasonably ensure that smoking is prohibited in an indoor/public place in violation of Section 15.
- () Other/further nature of offense(s): _____
 _____ in violation of Section _____

Name, address and telephone number of witness, if other than the undersigned: JULIE CAAT
7 Forest Drive Mayville IL 60222 (815) 228-1122

Under 410 ILCS 82/45(b), a person violating section 15 shall be fined \$100 for the first offense and \$250 for each subsequent offense. An owner/operator of a public place or place of employment shall be fined \$250 for the first offense, \$500 for the second violation within one year and \$2,500 for each additional violation occurring within one year of the first violation. The total penalty for the above-cited violation(s) is \$ 250.

I acknowledge receipt of this citation: Violator: _____ Date: _____

(Signature is acknowledgement of receipt of a copy of this notice, NOT an admission of guilt or fault)

If Violator refuses to sign:
 I hereby affirm that the Violator was served with a copy of this citation by mail personally on 5/10/12
 at Mayville IL Post Office location at 3:00 a.m./p.m.

The undersigned certifies and verifies that the statements appearing above are true and correct and affixes his/her verified signature hereto:
[Signature] 5/10/12 Douglas D. Powell
 (Enforcing agent's signature) (Date) (Enforcing agent's printed name)
117 West Oak Street Waukegan IL 60070 (815) 228-2422
 (Enforcing agent's professional address) (Enforcing agent's business phone number)

IMPORTANT INSTRUCTIONS FOR PAYMENT OR CONTESTING THIS CITATION APPEAR ON THE BACK OF THIS DOCUMENT

SMOKE-FREE ILLINOIS ACT CITATION (410 ILCS 82)

(Enforcing agency) Forest-Inspection Public Health Department
 (Violator/Respondent's name) Steve Conrad
Conrad's Saloon
 States that on 5/7/12 (date) at approximately 4:43 (a.m./p.m.) at 106 E Main St
Ashkum, IL, County of Logan, State of Illinois, Violator/Respondent of
P.O. Box 157 (Violator/Respondent's street address) Ashkum, IL (City) 60911 (State) (ZIP Code)

Complaint # R-3 SFI 2012 10755
 (Region) (Year) (Citation Number)

_____, committed the following violations of 410 ILCS 82, to wit:
 (Driver's License/ID number/DOB) (State)

- Smoking in a public place, in violation of Section 15;
 - Smoking in a place of employment, in violation of Section 15;
 - Smoking within 15 feet of an entrance to a public place/place of employment, violating Section 15;
 - Owner failed to reasonably ensure that smoking is prohibited in an indoor/public place in violation of Section 15.
 - Other/further nature of offense(s): _____
- _____, in violation of Section _____

Name, address and telephone number of witness, if other than the undersigned: Casey H... 815 W R. ...

Under 410 ILCS 82/45(b), a person violating section 15 shall be fined \$100 for the first offense and \$250 for each subsequent offense. An owner/operator of a public place or place of employment shall be fined \$250 for the first offense, \$500 for the second violation within one year and \$2,500 for each additional violation occurring within one year of the first violation. The total penalty for the above-cited violation(s) is \$ 250.

I acknowledge receipt of this citation: Violator: _____ Date: _____

(Signature is acknowledgement of receipt of a copy of this notice, NOT an admission of guilt or fault)

If Violator refuses to sign:
 I hereby affirm that the Violator was served with a copy of this citation by mail personally on 5/7/12
 at Marquette IL Post Office location at 3:00 a.m./p.m.

The undersigned certifies and verifies that the statements appearing above are true and correct and affixes his/her verified signature hereto:

_____ (Enforcing agent's signature) 5/8/12 (Date) Dwaine D. ... (Enforcing agent's printed name)
 _____ (Enforcing agent's professional address) 815-413-2423 (Enforcing agent's business phone number)

IMPORTANT INSTRUCTIONS FOR PAYMENT OR CONTESTING THIS CITATION APPEAR ON THE BACK OF THIS DOCUMENT

SMOKE-FREE ILLINOIS ACT CITATION (410 ILCS 82)

Enforcing agency: East-Elk Police Public Health Department
 (Enforcing agency) McSKI'S PLACE) Complaint # R-10 SFI 2012 10761
 (Region) (Year) (Citation Number)
 Violator/Respondent's name: Michael Lackchewski
 States that on 5/10/12 (date) at approximately 7:14 (a.m./p.m.) at McSKI'S PLACE
Lombard IL, County of Jacobs, State of Illinois, Violator/Respondent of
All West Walnut St (Violator/Respondent's street address) Lombard IL (City) 60170 (State) 60170 (ZIP Code)

_____, committed the following violations of 410 ILCS 82, to wit:
 (Driver's License/ID number/DOB) (State)

- Smoking in a public place, in violation of Section 15;
 - Smoking in a place of employment, in violation of Section 15;
 - Smoking within 15 feet of an entrance to a public place/place of employment, violating Section 15;
 - Owner failed to reasonably ensure that smoking is prohibited in an indoor/public place in violation of Section 15.
 - Other/further nature of offense(s): _____
- _____, in violation of Section _____

Name, address and telephone number of witness, if other than the undersigned: John Clark
7 Forest Drive, Macquille IL 62402 (618) 258-1123

Under 410 ILCS 82/45(b), a person violating section 15 shall be fined \$100 for the first offense and \$250 for each subsequent offense. An owner/operator of a public place or place of employment shall be fined \$250 for the first offense, \$500 for the second violation within one year and \$2,500 for each additional violation occurring within one year of the first violation. The total penalty for the above-cited violation(s) is \$ 250.

I acknowledge receipt of this citation: Violator: _____ Date: _____

(Signature is acknowledgement of receipt of a copy of this notice, NOT an admission of guilt or fault)

If Violator refuses to sign:
 I hereby affirm that the Violator was served with a copy of this citation by mail personally on 5/10/12
 at Macquille IL location at 3:00 a.m./p.m.

The undersigned certifies and verifies that the statements appearing above are true and correct and affixes his/her verified signature hereto:
[Signature] 5/8/12 Douglas J. Bell
 (Enforcing agent's signature) (Date) (Enforcing agent's printed name)
111 N 3rd St Lombard IL (618) 258-1123
 (Enforcing agent's professional address) (Enforcing agent's business phone number)

IMPORTANT INSTRUCTIONS FOR PAYMENT OR CONTESTING THIS CITATION APPEAR ON THE BACK OF THIS DOCUMENT

Original - White • Violator/Respondent - Yellow • Enforcing Agency - Pink

SMOKE-FREE ILLINOIS ACT CITATION (410 ILCS 82)

Forest Township Public Health
(Enforcing agency)
13 Trees Inn
13700 4th
13700 4th
13700 4th
(Violator/Respondent's name)

Complaint # R 5 SFI 2012 10754
(Region) (Year) (Citation Number)

States that on 5/11/12 (date) at approximately 12 (a.m./p.m.) at 13700 4th
13700 4th
13700 4th

Forest Township, Ill., County of DeKalb, State of Illinois, Violator/Respondent of

13700 4th, Kankakee, Ill., 60901
(Violator/Respondent's street address) (City) (State) (ZIP Code)

_____, committed the following violations of 410 ILCS 82, to wit:
(Driver's License/ID number/DOB) (State)

- () Smoking in a public place, in violation of Section 15;
- () Smoking in a place of employment, in violation of Section 15;
- () Smoking within 15 feet of an entrance to a public place/place of employment, violating Section 15;
- (X) Owner failed to reasonably ensure that smoking is prohibited in an indoor/public place in violation of Section 15.
- () Other/further nature of offense(s): _____

Name, address and telephone number of witness, if other than the undersigned: Julie Clark,
7 Forest Drive, Maryville IL 62442 (618) 288-1123

Under 410 ILCS 82/45(b), a person violating section 15 shall be fined \$100 for the first offense and \$250 for each subsequent offense. An owner/operator of a public place or place of employment shall be fined \$250 for the first offense, \$500 for the second violation within one year and \$2,500 for each additional violation occurring within one year of the first violation. The total penalty for the above-cited violation(s) is \$250.

I acknowledge receipt of this citation: Violator: _____ Date: _____

(Signature is acknowledgement of receipt of a copy of this notice, NOT an admission of guilt or fault)

If Violator refuses to sign:
I hereby affirm that the Violator was served with a copy of this citation by X mail 5/11/12
at Maryville, Ill Post Office location at 3 a.m./p.m.

The undersigned certifies and verifies that the statements appearing above are true and correct and affixes his/her verified signature hereto:

[Signature] 5/11/12 Douglas D. Culbert
(Enforcing agent's signature) (Date) (Enforcing agent's printed name)
114 North 1st St Kankakee, Ill 615-432-2483
(Enforcing agent's professional address) (Enforcing agent's business phone number)

IMPORTANT INSTRUCTIONS FOR PAYMENT OR CONTESTING THIS CITATION APPEAR ON THE BACK OF THIS DOCUMENT

Original - White • Violator/Respondent - Yellow • Enforcing Agency - Pink

SMOKE-FREE ILLINOIS ACT CITATION (410 ILCS 82)

Enforcing agency: East Illinois Public Health Department
 (Enforcing agency)
 Violator/Respondent's name: Thomas Bivoly
 (Violator/Respondent's name)
 Complaint # R: _____ SFI: 212 10758
 (Region) (Year) (Citation Number)

States that on 5/10/12 (date) at approximately 7:15 (a.m./p.m.) at Payton Road
221 South Main Street County of East State of Illinois, Violator/Respondent of
Payton Road (City) IL 60757
 (Violator/Respondent's street address) (State) (ZIP Code)

_____, committed the following violations of 410 ILCS 82, to wit:
 (Driver's License/ID number/DOB) (State)

- Smoking in a public place, in violation of Section 15;
 - Smoking in a place of employment, in violation of Section 15;
 - Smoking within 15 feet of an entrance to a public place/place of employment, violating Section 15;
 - Owner failed to reasonably ensure that smoking is prohibited in an indoor/public place in violation of Section 15.
 - Other/further nature of offense(s): _____
- _____ in violation of Section _____.

Name, address and telephone number of witness, if other than the undersigned: Ray Hagan
1015 W. Lake Park Dr. #101, Joliet, IL 60430 815-122-1111

Under 410 ILCS 82/45(b), a person violating section 15 shall be fined \$100 for the first offense and \$250 for each subsequent offense. An owner/operator of a public place or place of employment shall be fined \$250 for the first offense, \$500 for the second violation within one year and \$2,500 for each additional violation occurring within one year of the first violation. The total penalty for the above-cited violation(s) is \$ 250.

I acknowledge receipt of this citation: Violator: _____ Date: _____
 (Signature is acknowledgement of receipt of a copy of this notice, NOT an admission of guilt or fault)

If Violator refuses to sign:
 I hereby affirm that the Violator was served with a copy of this citation by mail personally on 5/10/12
 at Payton Road location at 7:00 a.m./p.m.

The undersigned certifies and verifies that the statements appearing above are true and correct and affixes his/her verified signature hereto:

_____ (Enforcing agent's signature) 5/10/12 (Date) Douglas S. Catali (Enforcing agent's printed name)
 _____ (Enforcing agent's professional address) _____ (Enforcing agent's business phone number)

IMPORTANT INSTRUCTIONS FOR PAYMENT OR CONTESTING THIS CITATION APPEAR ON THE BACK OF THIS DOCUMENT

Original - White • Violator/Respondent - Yellow • Enforcing Agency - Pink