

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 3/14/19 B.M.  
 AC 2019-009  
 Allison Mileur  
 Jackson County State's Attorney  
 Office  
 Jackson County Courthouse  
 3rd Floor  
 Murphysboro, IL 62966

2. Article Number (Transfer from service label) 7014 0510 0001 5481 4151

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*  
 B. Received by (Printed Name) C. Date of Delivery  
 Cynthia Prescott 03/18/19  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  
 MAR 22 2019  
 STATE OF ILLINOIS

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

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1. Article Addressed to: 3/14/19 B.M.  
 AC 2019-009  
 Bryan Bruce  
 2186 Dillinger Road  
 Carbondale, IL 62901

2. Article Number (Transfer from service label) 7014 0510 0001 5481 4144

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*  
 B. Received by (Printed Name) C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  
 MAR 22 2019  
 STATE OF ILLINOIS  
 Pollution Control Board

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

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1. Article Addressed to: 3/14/19 B.M.  
 AC 2019-009  
 Bruce Reese  
 2041 Dillinger Road  
 Carbondale, IL 62901

PS Form 3811, July 2013 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*  
 B. Received by (Printed Name) C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  
 MAR 22 2019  
 STATE OF ILLINOIS  
 Pollution Control Board

3. Service Type  
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 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes