

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: 11/20/08 B.M.

AC 2009-015

Emily S. Seifert

Ogle County State's Attorney
Office

106 S. 5th St., Suite 110

Oregon, IL 61061-1696

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 7591

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Karen Dietrich

 Agent AddresseeB. Received by (*Printed Name*)

Karen Dietrich

C. Date of Delivery

11-23-08

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes