

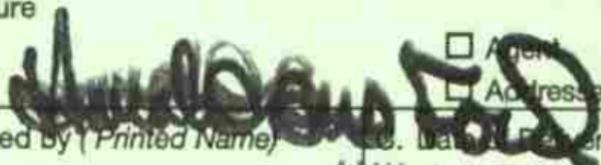
SENDER: COMPLETE THIS SECTION

- 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: 5/7/09 B.M.
 AC 2009-036
 Scott B. Kains
 Sangamon County State's
 Attorney Office
 Sangamon County Complex
 200 South Ninth Street, Rm. 402
 Springfield, IL 62701-1629

2. Article Number
 (Transfer from service label) 7008 1830 0003 9908 9601

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X  Agent
 Addressee
 B. Received By (Printed Name) Agent Addressee
 MAY 12 2009

D. Is delivery address different from item 1? Yes
 If 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