

**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: 3/18/10 B.M.

AC 2010-016

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)

7009 0960 0000 5942 2016

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Kelly L. Lohrer*

Agent

Addressee

B. Received by (Printed Name)

*Kelly Lohrer*

C. Date of Delivery

*3-22-10*

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