

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: 4/1/2010 B.M.
 AC2010-016
 Emily S. Seifert
 Ogle County State's Atty. Office
 106 S. 5th Street, Suite 110
 Oregon, IL 61061-1696

2. Article Number 7009-0960-0000-5942-2122
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Karen Dietrich Agent
 Addressee

B. Received by (Printed Name)

Karen Dietrich

C. Date of Delivery

4-9-10

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



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1. Article Addressed to: 4/1/2010 B.M.
AC2010-016
Donald B. Delbert
101 N. Seventh Street
Oregon, IL 61061

2. Article Number 7009-0960-0000-5942-2139
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent AddresseeB. Received by (*Printed Name*)

C. Date of Delivery

4-8-10

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