

**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: 3/17/11 B.M.  
 PCB 2010-103  
 John Farrell  
 DeKalb County State's Attorney  
 Legislative Center  
 200 N. Main Street  
 Sycamore, IL 60178

2. Article Number

(Transfer from service label)

7010 3090 0000 3626 9396

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Scott Catron*

Agent  
 Addressee

B. Received by (Printed Name)

*Scott CATRON*

C. Date of Delivery

*3/21/11*

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