

**SENDER: COMPLETE THIS SECTION**

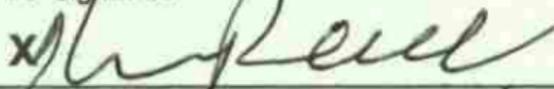
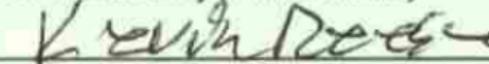
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 5/19/11 B.M.  
 PCB 2010-103  
 John Farrell  
 DeKalb County Stqte's Attorney  
 Legislative Center  
 200 N. Main Street  
 Sycamore, IL 60178

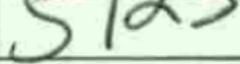
2. Article Number  
*(Transfer from service label)* 7011 0110 0001 8269 8126

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature


 Agent AddresseeB. Received by (*Printed Name*)


C. Date of Delivery



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