

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: 7/26/12 B.M.
 AC 2010-030
 Frances Klink
 81 Our Lane
 Murphysboro, IL 62966

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1390

Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Frances Klink*
 Agent
 Addressee
FRANCES KLINK

B. Received by (Printed Name)

C. Date of Delivery

8/3/12

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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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 7/26/12 B.M.
 AC 2010-030
 Daniel Brenner
 Jackson County State's Attorney
 Office
 Jackson County Courthouse
 3rd Floor
 Murphysboro, IL 62966

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1406

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

[Handwritten Name: Mr. Johnson]

C. Date of Delivery

[Handwritten Date: 8-2-12]

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