

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: 3/2/17 B.M.
AC 2017-008 & AC 2017-009
Michael B. Baggett
Macon County State's Attorney
253 East Wood Street, 4th Floor
Decatur, IL 62523

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 0931

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Michael B. Baggett*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED
MAR 15 2017
3 6 17
PEK'S OFFICE

STATE OF ILLINOIS
Pollution Control Board

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes