

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Fallon Coomer</i> <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: 3/23/17 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</p>	<p>B. Received by (Printed Name) C. Date of Delivery 3-29-17</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) 7014 0510 0001 5481 1037</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

RECEIVED
CLERK'S OFFICE
APR 05 2017
STATE OF ILLINOIS
Pollution Control Board