

ORIGINAL

RECEIVED  
CLERK'S OFFICE

NOV 06 2006

STATE OF ILLINOIS

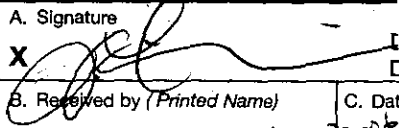
**SENDER: COMPLETE THIS SECTION**

- 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: 10/19/06 B.M.  
 AC ~~2007~~-014  
 Troy D. Holland  
 LaSalle County State's  
 Attorney Office  
 707 Etna Road, Room 251  
 Ottawa, IL 61350

2. Article Number  
 (transfer from service label) 7005 1160 0002 2068 0558

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X 

B. Received by (Printed Name)  C. Date  
 10-30-06

D. Is delivery address different from item 1?   
 If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Mer
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes