

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: 9/3/09 jt
 AC 2009-052
 Troy D. Holland
 LaSalle County State's Attorney
 Office
 707 Etna Road
 Room 251
 Ottawa, IL 61350

2. Article Number
 (Transfer from service label) 7009 0960 0000 5942 0111

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *B. Lushridge* Agent Addressee

B. Received by (Printed Name)

B. Lushridge

C. Date of Delivery

*9/11/09*D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

SEP 11 2009

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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1. Article Addressed to: 9/3/09 jt
 AC 2009-052 ✓
 Ernest W. Foster
 1065 N. 21st Road
 Oglesby, IL 61348

2. Article Number 7009 0960 0000 5942 0128
 (Transfer from service label)

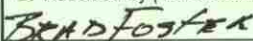
COMPLETE THIS SECTION ON DELIVERY

A. Signature

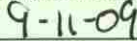
X


 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

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes