SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Agent Agent Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. EURANKS 3/11/10 or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address and w.V. LERK'S OFFICE 3/4/10 B.M. AC 2010-011 Steven Langhoff MAR 1 5 2010 Macon County State's Attorney 253 East Wood Street 3. Service Type Ollub Control Board Decatur, IL 62523 Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7009 0960 0000 5942 1873 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540