## 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: 4/1/2010 B.M. AC2010-016

Emily S. Seifert

Ogle County State's Atty. Office 106 S. 5th Street, Suite 110

Oregon, IL 61061-1696

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

C. Date of Delivery ☐ Yes

☐ Agent

□ No

□ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Seprice Type

Certified Mail ☐ Express Mail ☐ Registered □ Return Receipt for Merchandise

☐ Insured Mail COD.

Restricted Delivery? (Extra Fee)

☐ Yes

 Article Number 7009-0960-0000-5942-2122 (Transfer from service label)

## SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete ☐ Agent item 4 if Restricted Delivery is desired. X Whene In Print your name and address on the reverse ☐ Addressee 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. 4-8-13 or on the front if space permits. D. Is delivery address different from Item 1? ☐ Yes 4/1/2010 B.M. 1. Article Addressed to: If YES, enter delivery address below: ☐ No AC2010-016 Donald B. Delbert 101 N. Seventh Street Oregon, IL 61061 3. Service Type Certified Mail ☐ Express Mail Registered □ Return Receipt for Merchandise ☐ Insured Mall □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 7009-0960-0000-5942-2139 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540