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 Х Addressee Print your name and address on the reverse so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, Kenne 10/10 Buce or on the front if space permits. □ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: No. PCB 2010-031 Randy Waks Macon County States Attorney 253 E. Wood Street, 4th Floor ervice Type Decatur, IL 62523 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) C Yes 2. Article Number 7009 0960 0000 5942 3365 (Transfer from service label) PS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-1540 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. Agent X Print your name and address on the reverse Addressee so that we can return the card to you. C. Date of pelivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. A 10/10 D. is delivery address different from item 1? □ Yes 1. Article Addressed to: If YES, enter delivery address below: DENO #2010-031 Stephen M. Bean Macon County Board 141 S. Main Street, Rm. 501 Service Type Decatur, IL 62523 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) □ Yes 2. Article Number 7009 0960 0000 5942 3327 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 SENDER: COMPLETE IS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired. **D**Agent Print your name and address on the reverse Addressee so that we can return the card to you. te of Delivery Received by (Printed Name) Ċ. Attach this card to the back of the mailpiece, AN 10 or on the front if space permits. D. Is delivery address different from item 1? 1 Yes 1. Article Addressed to: If YES, enter delivery address below: No No PCB 2010-031 Jay Dunn Macon County Board 141 S. Main Street, Rm. 501 3. Service Type Decatur, IL 62523 Certified Mail D Express Mall Registered Return Receipt for Merchandise I Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) I Yes 2. Article Number 5942 3372 7009 0960 0000 (Transfer from service label) PS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-1540