

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: 12/1/11 B.M.
AC 2012-007
David Searby
Perry County State;s Attorney
One Public Square
Pickneyville, IL 62274

2. Article Number
(Transfer from service label)

7011 0110 0001 8269 9840

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Shawn Malich*

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-5-11

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