

**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: 12/15/11 B.M.  
 AC 2012-010  
 David Searby  
 Perry County State's Attorney  
 One Public Square  
 Pickneyville, IL 62274

2.

PS

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Brandee Ho* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

12-19-11

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

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1. Article Addressed to: 12/15/11 B.M.  
 AC 2012-010  
 Angie Woodrome  
 P.O. Box 113  
 Tamaroa, IL 62888

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 0034

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Angie Woodrome*

Agent

Addressee

B. Received by (Printed Name)

*ANGIE WOODROME*

C. Date of Delivery

*12/21/11*

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