

**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: 6/7/12 B.M.  
 AC 2012-049  
 Sheri L. Carey  
 Sangamon County State's  
 Attorney Office  
 Sangamon County Complex  
 200 South Ninth Street, Room 402  
 Springfield, IL 62701-1629

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1062

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*  Agent  
 See

B. Received by (Printed Name)

C. Date of Delivery

6-11-12

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