

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: 6/18/15 B.M.
AC 2015-002
Jim Barnes
Jim Barnes Trucking & Excavation
398 Illinois Street
Marseilles, IL 61341

2. Article Number
(Transfer from service label)

7014 0510 0001 5481 7350

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Karen Barnes* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

RECEIVED 4/23/15
ATTORNEY GENERAL

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

JUN 30 2015
OFFICE SRVCS
MAIL ROOM

Domestic Return Receipt