## ORIGINAL

PS Form 3811, February 2004

## RECEIVED CLERK'S OFFICE

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	STATE OF ILLINOIS
NDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature  X
Article Addressed to: 4/20/06 B.M.  AC 2006-028 & AC 2006-029  Renneth Boles  Macon County State's Attorney	If YES, enter delivery address below:
253 East Wood Street L Decatur, IL 62523	3. Service Type Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label) 7005 1160 0002 Form 3811, February 2004 Domestic Retu	
(Transfer from service label) 7005 1160 0002 S Form 3811, February 2004 Domestic Retu	rn Recelpt 102595-02-M-1540
(Transfer from service label) 7005 1160 0002	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X Addres  B. Received by (Printed Name)  C. Date of Delivery
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X. Public Boulds Agent Address
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 malipiece, or on the front if space permits.     Acc 2006-028 & Acc 2006-029   Chris Peters, Chief Operator	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X. Address B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 17

Domestic Return Receipt

102595-02-M-1540