

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: 4/2/09 B.M.
 AC 2009-032
 Melanie D. Manning
 Will County State's Attorney
 Office
 121 N. Chicago Street
 Joliet, IL 60432

2. Article Number

(Transfer from service label)

7008 1830 0003 9908 9410

COMPLETE THIS SECTION ON DELIVERY

A. Signature

J. Skiniotes

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-6-09

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