## SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Agent Print your name and address on the reverse □ Addressee so that we can return the card to you. B. Received by (Brinted Name), C. Date of Delivery Attach this card to the back of the mailpiece, -5-11 or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: 12/1/11 B.M. If YES, enter delivery address below: AC 2012-011 Daniel Brenner Jackson County State's Attorney Office Jackson County Courthouse 3. Service Type 3rd Floor Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise Murphysboro, IL 62966 ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7011 0110 0001 8269 9888 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540