

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 2012-050

Troy D. Holland

LaSalle County State's

Attorney Office

707 Etna Road

Room 251

Ottawa, IL 61350

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* Kim Wagner

 Agent Addressee

B. Received by (Printed Name)

KIM WAGNER

C. Date of Delivery

6/11/12

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

 No

JUN 11 2012

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1079