

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: 7/12/12 B.M.
 AC 2012-055
 Charles E. Fitzpatrick, Sr.
 S.I Waste Systems, LLC
 716 Skyline Drive
 Mation, IL 62959

2. Article Number

(Transfer from service label)

701 0110 0001 8270 1222

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

Agent

Addressee

B. Received by (Printed Name)

JACALYN BOYD

C. Date of Delivery

7/12/12

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

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1. Article Addressed to: 7/12/12 B.M.
 AC 2012-055
 Daniel Brenner
 Jackson County State's
 Attorney Office
 Jackson County Courthouse
 3rd Floor
 Murphysboro, IL 62966

2. Article Number

(Transfer from service label)

7011 0110 0001 8270 1215

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Lori A. Davis*

Agent

Addressee

B. Received by (Printed Name)

Lori A. Davis

C. Date of Delivery

7-20-12

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