

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.

Article Addressed to: 1/22/15 B.M.
C 2015-006
Michael B. Baggett
Jackson County State's Attorney
53 East Wood Street
4th Floor
Decatur, IL 62523

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Baggett Addressee

B. Received by (Printed Name) C. Date of Delivery
Brett Zetawski 01/26/15

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label) 7014 0510 0001 5481 9606