

**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: 1/21/16 B.M.  
AC 2016-006  
Lisa A. Smith  
DuPage County State's Attorney  
Office  
503 North County Farm Road  
Wheaton, IL 60187

2. Article Number  
(Transfer from service label)

7014 0510 0001 5481 7572

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Juan M. Romero*  Agent  
 Addressee

B. Received by JUAN M. ROMERO Date of Delivery

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

Domestic Return Receipt