

**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: 6/5/14 B.M.  
AC 2014-044  
Sheri L. Carey  
Sangamon County State's Attorney  
Office  
Sangamon County Complex  
200 South Ninth Street, Room 402  
Springfield, IL 62701-1629

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Patricia Meyer*

B. Received by (Printed Name) \_\_\_\_\_

C. Date of Delivery 6.11.14

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

2. Article Number (Transfer from service label) 7011 0110 0001 8270 7194