

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: 8/21/14 B.M.
AC 2015-005
Daniel Brenner
Jackson County State's Attorney
Office
Jackson County Courthouse
3rd Floor
Murphysboro, IL 62966

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *M Johnson* Agent
 Addressee

B. Received by (Printed Name) *M Johnson* C. Date of Delivery *8-25-14*

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) 7014 0510 0001 5481 5288

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540