

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|--|
| <ul style="list-style-type: none"> ■ 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. | A. Signature <input checked="" type="checkbox"/> <i>M. Johnson</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> | |
| 1. Article Addressed to: 12/18/14 B.M. AC 2015-020 Daniel Brenner Jackson County State's Attorney Office Jackson County Courthouse 3rd Floor Murphysboro, IL 62966 | B. Received by (Printed Name) <i>M. Johnson</i> | C. Date of Delivery <i>12/22/14</i> |
| 2. Article Number (Transfer from service label) | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| PS Form 3811, July 2013 | 3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery | |
| Domestic Return Receipt | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 7014 0501 0001 5481 9354 | | |