

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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 Agent
 Addressee

B. Received by (Printed Name) *Sy. Craig* C. Date of Delivery *8-7-14*

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

1. Article Addressed to: *8/7/14 B.M.*
 PCB 2011-060
 William A. Yoder, State's Atty.
 McLean County State's Attorney
 104 W. Front Street
 Room 605
 Bloomington, IL 61702-2499

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number
 (Transfer from service label) **7014-0510 0001 5481 5110**
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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 *2700* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery *8-11-14*

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

1. Article Addressed to: *8/7/14 B.M.*
 PCB 2011-060
 Jennifer J. Sackett Pohlenz
 Clark Hill, PLC
 150 N. Michigan Avenue
 Suite 2700
 Chicago, IL 60601

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 5158**
 PS Form 3811, July 2013 Domestic Return Receipt