

**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: 5/19/11 B.M.  
PCB 2010-103  
John Farrell  
DeKalb County Stqte's Attorney  
Legislative Center  
200 N. Main Street  
Sycamore, IL 60178

2. Article Number  
(Transfer from service label)

7011 0110 0001 8269 8126

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *John Farrell*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Kevin Deane*

C. Date of Delivery

*5/23*

- 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