

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: 1/5/12 B.M.
AC 2012-008
Michael B. Baggett
Macon County State's Attorney
253 East Wood Street
4th Floor
Decatur, IL 62523

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Broth Zerkow*

B. Received by (Printed Name) Yes No
Broth Zerkow

C. Date of Delivery
01/09/12

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

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 0102

102595-02-M-1540

PS Form 3811, February 2004

Domestic Return Receipt

www.jpch.state.il.us
WEB SITE

James R. Thompson Center
100 West Randolph
Suite 11-500
Chicago, IL 60601
312-814-3620
FAX 312-814-3669
TTY 312-814-6032

CHICAGO OFFICE

1021 North Grand Ave. East
P.O. Box 19274
Springfield, IL
62794-9274
217-524-8500
FAX 217-524-8508

SPRINGFIELD OFFICE

G. Tanner Girard, Ph.D.
CHAIRMAN

~~Rod K. Blagden~~
GOVERNOR

