

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, on the front if space permits.

Mailpiece Addressed to: 1/24/13 B.M.

2012-059
 Michael B. Baggett
 Illinois County State's Attorney
 East Wood Street
 1st Floor
 Springfield, IL 62523.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Broth Zerkowski*

Agent
 Addressee

B. Received by (Printed Name)

Broth Zerkowski

C. Date of Delivery

1/29/13

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

Postage Number
 (Transfer from service label)

7011 0110 0001 8270 3011