

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: 5/2/13 B.M.
AC 2013-031
Daniel Brenner
Jackson County State's Attorney
Office
Jackson County Courthouse
3rd Floor
Murphysboro, IL 62966

2. Article Number
(Transfer from service label)

7011 0110 0001 8270 3981

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M Johnson*

Agent

Addressee

B. Received by (Printed Name)

M Johnson

C. Date of Delivery

5-2-13

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

102595-02-M-1540