

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.

1. Article Addressed to: **8/6/15 B.M.**
AC 2015-037
Eric D. Morrow
Ogle County State's Attorney
Office
106 S. 5th St., Suite 110
Oregon, IL 61061-1696

A. Signature
X *Eric Morrow* Agent
 Addressee

B. Received by (Printed Name) **ERIC MORROW** C. Date of Delivery **8/10/15**

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

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 6834**