

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:
 Robert Hadda
 St. Clair County State's Att'y
 St. Clair County Courthouse
 10 Public Square
 Belleville, IL
 62220

2. Article Number
 (Transfer from service label)

7010 0290 0000 5386 1761

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 X Rose Blackwell

B. Received by (Printed Name)
 R. Blackwell

C. Date of Delivery
 8-16-10

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

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1. Article Addressed to:
 John Burkevic
 Chief Judge
 Tazewell Judicial Center
 St. Clair County Courthouse
 Belleville, IL
 62220

2. Article Number
 (Transfer from service label)

7010 0290 0000 5386 1785

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 X R. Blackwell

B. Received by (Printed Name)
 R. Blackwell

C. Date of Delivery
 8-16-10

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

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1. Article Addressed to:
 Brendan Kelly
 Clerk of The Circuit Court
 St. Clair County Courthouse
 10 Public Square
 Belleville, IL 62220

2. Article Number
 (Transfer from service label)

7010 0290 0000 5386 1778

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 X R. Blackwell

B. Received by (Printed Name)
 R. Blackwell

C. Date of Delivery
 8-16-10

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