

COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Write your name and address on the reverse of this card to return the card to you. Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

W/CO
CWA-07-2002-0184
PCRA-07-2002-0184

D. Jeannine Kelly, Esq.
Law Office of D. Jeannine Kelly
322 E. Broadway
Alton, Illinois 62002

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

7-25-02

C. Signature

X *DJ Kelly*

Agent
 Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes
 No

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 (Copy from carrier label)

7001 0320 0002 5013 8132

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0002 5013 8132

[Redacted]

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

Total Paid: D. Jeannine Kelly, Esq.
Law Office of D. Jeannine Kelly
322 E. Broadway
Alton, Illinois 62002

Sent To:
Street, Apt. or PO Box:
City, State: