

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:

Dwight Correctional Ctr
 23813 E. 3200 North Rd
 Dwight, IL
 60420-8144

RUST-05-2009-0009

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Brenda Adams* B. Date of Delivery *7/6/09*
 C. Signature *Brenda Adams* Agent Addressee
 X

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

RECEIVED
 JUL 08 2009

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
 (Transfer from service label)

7001 0320 0006 1452 3246

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424