

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:
 John J. Flood
 Clerk, Appellate Ct.
 Fifth Judicial
 14th & Main Streets.
 Box 867
 Mt. Vernon, IL 62864-0018

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *JOHN J. FLOOD* C. Date of Delivery

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

7013 2250 0002 4417 5915

13-0970

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

OFFICIAL FILE
 ILLINOIS COMMERCE COMMISSION
 ORIGINAL

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Illinois Commerce Commission
 527 EAST CAPITOL AVENUE
 SPRINGFIELD, ILLINOIS 62701

RECEIVED
 NOV 25 2014

Chief Clerk

ILLINOIS COMMERCE COMMISSION
 CHIEF CLERK'S OFFICE

155999

