

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 •

Malinda Bevins
U.S. Clerk's Office
110 Main Street, Ste 203
Pikeville, KY 41501-1100

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>
<p>1. Article Addressed to:</p> <p>U.S. Marshals Service Eastern District of Kentucky 101 Barr Street, Room 182 Lexington, KY 40507</p> <p><i>7:08-CV-198-ART</i></p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p><i>7004 1160 0005 7344 1326</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE CERTIFIED MAIL™		U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)												
		For delivery information visit our website at www.usps.com ®												
OFFICIAL USE		<table border="1"> <tr> <td>Postage</td> <td>\$</td> <td rowspan="5" style="text-align: center; vertical-align: middle;"> Postmark Here <i>7:08-CV-198-ART</i> </td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table>		Postage	\$	Postmark Here <i>7:08-CV-198-ART</i>	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$
Postage	\$	Postmark Here <i>7:08-CV-198-ART</i>												
Certified Fee														
Return Receipt Fee (Endorsement Required)														
Restricted Delivery Fee (Endorsement Required)														
Total Postage & Fees	\$													
Sent To Street, Apt. No., or PO Box No. City, State, ZIP+4		U.S. Marshals Service Eastern District of Kentucky 101 Barr Street, Room 182 Lexington, KY 40507												
PS Form 3800, June 2002		See Reverse for Instructions												