

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	
 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 mailplece, or on the front if space permits. 	A. Signature	☐ Agent ☐ Addressee
	B. Received by (Printed Name)	C. Date of Delivery
Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No	
U.S. Marshal		i ! !
Lexington, KY 40588-0030	3. Service Type	l olpt fe r Merchandice
7:09-ev-64-KKC	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label) 7004 11	LO 0005 7344 1302	3
PS Form 3811, February 2004 Domestic Retu	ırn Receipt	102595-02-M-1540

