

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:

Office of A.S. of USA
 950 Pennsylvania Ave NW
 Washington, DC
 20530

2. Article Number
(Transfer from service label)

7003 2260 0001 5054 5475

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

[Signature]
 JUL 10 2007

C. Signature

X

- Agent
- Addressee

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

3. Service Type

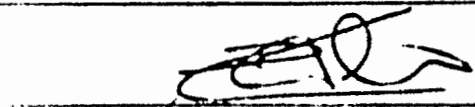

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes



Track/Confirm - Intranet Item Inquiry
Item Number: 7003 2260 0001 5054 5505

This item was delivered on 06/05/2007 at 06:57

Signature:	 _____ EUGENE JULIEN
Address:	 _____ PENT MISC. 203/0

Enter Request Type and Item Number:

Quick Search Extensive Search

[Explanation of Quick and Extensive Searches](#)

Version 1.0

Inquire on multiple items.

Go to the Product Tracking System Home Page.

FILED

2007 JUL 18 AM 11:13

U.S. POSTAL SERVICE