

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <b>X</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to:</p> <p><b>Robert Gates, Secretary - CERTIFIED</b>  <b>Department of Defense Agency</b>  <b>Attn: Defense Finance and Accounting Service</b>  <b>8899 E. 56<sup>th</sup> St., Col 208S-1</b>  <b>Indianapolis, IN 46249</b></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> <hr/> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input 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>
<p>2. Article Number (Transfer from service label)</p>	<p><b>7008 0500 0000 5594 5994</b></p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



7008 0500 0000 5594 5994  
 7008 0500 0000 5594 5994

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Post **Robert Gates, Secretary - CERTIFIED**  
**Department of Defense Agency**  
**Attn: Defense Finance and Accounting Service**  
**8899 E. 56<sup>th</sup> St., Col 208S-1**  
**Indianapolis, IN 46249**

Sent To  
 Street, Apt. or PO Box  
 City, State

PS Form 3800, August 2006 See Reverse for Instructions

**COMPLETE THIS SECTION**

Items 1, 2, and 3. Also complete Restricted Delivery if desired. Name and address on the reverse can return the card to you. Paste card to the back of the mailpiece, front if space permits.

Addressed to:

United States Attorney General  
 Room 5111, Main Justice Bldg  
 10<sup>th</sup> and Constitution N.W.  
 Washington, D.C. 20530

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (*Printed Name*) 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

Number (from service label)

7008 0500 0000 5594 6014

February 2004

Domestic Return Receipt

102595-02-M-1540



7008 0500 0000 5594 6014  
 7008 0500 0000 5594 6014

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**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Sent To  
 Street, Apt. No.,  
 or PO Box No.,  
 City, State, ZIP+

United States Attorney General  
 Room 5111, Main Justice Bldg  
 10<sup>th</sup> and Constitution N.W.  
 Washington, D.C. 20530

PS Form 3800, August 2006 See Reverse for Instructions