

PLAINTIFFS”  
EXHIBIT “A”

**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:

U. S. Dept. of Health & Human Ser.  
 200 Independence Ave., SW, #639G  
 Washington, DC 20201

2. Article Number

(Transfer from service label)

7003 0500 0004 0160 4204

PS Form 3811, August 2001

Domestic Return Receipt AG No.: LD-4-2078<sup>2</sup>ACPRI-03-P-4081

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Dora Ricks*  Agent  
 Addressee

B. Received by (Printed Name)

DORA RICKS

C. Date of Delivery

3-29-10

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

**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:

Kathleen Sebelius, Secretary  
 U. S. Dept. of Health & Human Ser.  
 200 Independence Ave., SW, #639G  
 Washington, DC 20201

2. Article Number

(Transfer from service label)

7003 0500 0004 0160 4181

PS Form 3811, August 2001

Domestic Return Receipt AG No.: LD-4-2078<sup>2</sup>ACPRI-03-P-4081

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Dora Ricks*  Agent  
 Addressee

B. Received by (Printed Name)

DORA RICKS

C. Date of Delivery

3-29-10

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

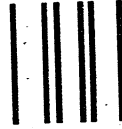
3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

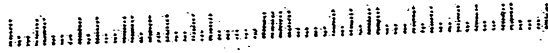
UNITED STATES POSTAL SERVICE



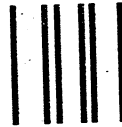
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

Blaine H. Winship, Esq.  
Office of the Attorney General  
The Capitol, Suite PL-01  
Tallahassee, FL 32399-1050



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 •

Blaine H. Winship, Esq.  
Office of the Attorney General  
The Capitol, Suite PL-01  
Tallahassee, FL 32399-1050

