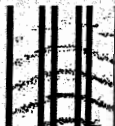


PLAINTIFFS”  
EXHIBIT “C”

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 <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>X Edward D. Siegel</i></p>	
<p>1. Article Addressed to:</p> <p>U. S. Department of Labor            200 Constitution Avenue, NW            Washington, DC 20210</p>	<p>B. Received by (Printed Name)  <i>Edward D. Siegel X</i></p>	<p>C. Date of Delivery  <i>4/2/10</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>		
<p>2. Article Number            (Transfer from service label)</p>	<p>7003 0500 0004 0160 4150</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt <i>AG No.: L10-4-2078</i> 2ACPRI-03-P-4081</p>		

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 <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>X [Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>Hilda L. Solis, Secretary            U. S. Department of Labor            200 Constitution Avenue, NW            Washington, DC 20210</p>	<p>B. Received by (Printed Name)  <i>[Signature]</i></p>	<p>C. Date of Delivery  <i>3/29</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>		
<p>2. Article Number            (Transfer from service label)</p>	<p>7003 0500 0004 0160 4143</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt <i>AG No.: L10-4-2078</i> 2ACPRI-03-P-4081</p>		

UNITED STATES POSTAL SERVICE



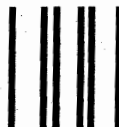
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Blaine H. Winship, Esq.  
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The Capitol, Suite PL-01  
Tallahassee, FL 32399-1050

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