

FILED

AMS
JAN 20 2004

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

03cc1175

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>William Miller</i> C. Date of Delivery <i>1/20/04</i></p>
<p>1. Article Addressed to:</p> <p>URA A. BRIGGS U.S. DISTRICT COURT NICH BAYH FEDERAL BUILDING UNITED STATES COURTHOUSE OHIO STREET POLIS, IN 46204</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No if YES, enter delivery address below:</p> <hr/> <p>Service Type <i>03cc1175</i></p> <p><input 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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7002 2410 0005 2045 1782</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 2ACPRI-03-Z-0985</p>	

DOCKETED
JAN 27 2004

[Signature]