

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. Marshal
 P.O. Box 30
 Lexington, KY 40588-0030

7:08-CV-88-KRC

2. Article Number

(Transfer from service label)

7004 1160 0005 7344 4969

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- 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

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 •

Malinda Bevins
 U.S. Clerk's Office
 110 Main Street, Ste 203
 Pikeville, KY 41501-1100

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™



7004 1160 0005 7344 4969
 7004 1160 0005 7344 4969

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	U.S. Marshal
Restricted Delivery Fee (Endorsement Required)	P.O. Box 30
Total Postage & Fees	Lexington, KY 40588-0030
	\$

Sent To 7:08-CV-88-KRC
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4