

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. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X
1. Article Addressed to: U.S. Marshal P.O. Box 30 Lexington, KY 40588-0030 7:8-CV-188-ART	B. Received by (<i>Printed Name</i>) C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	3. Service Type <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. 4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
7004 1160 0005 7344 5744	
Domestic Return Receipt 102595-02-M-1540	

U.S. Postal Service TM CERTIFIED MAILTM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)											
For delivery information visit our website at www.usps.com											
OFFICIAL USE											
<table border="1"> <tr><td>Postage</td><td>\$</td></tr> <tr><td>Certified Fee</td><td></td></tr> <tr><td>Return Receipt Fee (Endorsement Required)</td><td></td></tr> <tr><td>Restricted Delivery Fee (Endorsement Required)</td><td></td></tr> <tr><td>Total Postage & Fees</td><td>\$</td></tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$	Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
Total Postage & Fees	\$										
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE CERTIFIED MAILTM  7004 1160 0005 7344 5744 7004 1160 0005 7344 5744	<table border="1"> <tr><td>Sent To</td><td>U.S. Marshal</td></tr> <tr><td>Street, Apt. No., or PO Box No.</td><td>P.O. Box 30</td></tr> <tr><td>City, State, ZIP+4</td><td>Lexington, KY 40588-0030</td></tr> <tr><td></td><td>7:8-CV-188-ART</td></tr> </table>	Sent To	U.S. Marshal	Street, Apt. No., or PO Box No.	P.O. Box 30	City, State, ZIP+4	Lexington, KY 40588-0030		7:8-CV-188-ART		
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Street, Apt. No., or PO Box No.	P.O. Box 30										
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	7:8-CV-188-ART										
PS Form 3800, June 2002 See Reverse for Instructions											

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