

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 Cheryl Brown - Clerk's Office <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Justice Shelton 109 NORTH EIGHTH ST. RICHMOND, VA 23219		B. Received by (Printed Name) Cheryl Brown - Clerk's Office	
		C. Date of Delivery 6/20/11	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 0390 0001 9765 8194	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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1. Article Addressed to: JUSTIA INC. A/A CSS SERV. OF NEVADA, INC 2215-B RENAISSANCE DR. LAS VEGAS, NV 89119		B. Received by (Printed Name) [Signature]	
		C. Date of Delivery 6/20	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 0390 0001 9768 0454	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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1. Article Addressed to: Timothy James Stanley 1388 PEAR AV. # 2B Mountain View, CA 94043		B. Received by (Printed Name) [Signature]	
		C. Date of Delivery 6/20/11	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7008 0150 0002 6972 3370	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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	B. Received by (Printed Name) JUL 28 2011	C. Date of Delivery JUL 28 2011
1. Article Addressed to: Kenneth T. Cuccinelli Atty General of Virginia 900 East Main St. Richmond, VA 23219	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No YES, Center for the Attorney General ADMINISTRATION DIVISION	
2. Article Number (Transfer from service label)	7008 0150 0002 6972 3400	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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	B. Received by (Printed Name) Daphne Brown-Clerk's Office	C. Date of Delivery 7/28/11
1. Article Addressed to: Justin Shelton 109 North Eighth St. Richmond, VA 23219	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7008 0150 0002 6972 3387	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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	B. Received by (Printed Name) Jackie [Signature]	C. Date of Delivery 6-25-11
1. Article Addressed to: Timothy James Stanley 3929 Peabottom Dr. Ann Arbor, MI 48105	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7005 0390 0001 9765 7982	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540