

5:04 cv 19

2:06CV509-WHA

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. Received by (Please Print Clearly)	B. Date of Delivery 2/6/04
<p>1. Article Addressed to:</p> <p>Dunn Lampton, Esq. U. S. Attorney 188 East Capitol Street, Suite 500 Jackson, MS 39201</p>	C. Signature <i>[Handwritten Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> <p>FEB 09 2004</p> <p><i>[Handwritten Signature]</i> NOBLIN, CLERK DEPUTY</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>PS Form 3811, March 2001</p>	<p>3. Service Type</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Domestic Return Receipt</p>	<p>7001 2510 0009 1245 7224</p> <p>102595-01-M-1424</p>	

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