

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 checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Clear Channel Communications 200 East Base Rd San Antonio TX 78204		STINEY	9/17/12
2. Article Number		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
(Transfer from service label) 7011 2000 0001 5537 6042			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	


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 checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Elizabeth Emken P.O. Box 81 Danville, CO 94526			
2. Article Number		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
(Transfer from service label) 7012 0470 0000 5943 0529			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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 checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
"Obama for America" P.O. Box 803638 Chicago IL 60680		D. B. B.	
2. Article Number		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
(Transfer from service label) 7012 0470 0000 5943 0499			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	


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"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Brian Kemp Secretary of State of GA 214 State Capitol Atlanta, GA 30334</i></p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7012 0470 0000 5943 0574</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Board of Directors of the California Republican Party 1215 K Street, Ste 1225 Sacramento, CA 95814</i></p>	<p>3. Service Type <input checked="" 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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7012 0470 0000 5943 0598</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Attorney General of West Virginia State Capitol Complex Building Room E-26 Charleston, W.V. 25305</i></p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7012 0470 0000 5943 0598</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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 X  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <i>Dean Lopez Registrar Los Angeles County 12400 Imperial Hwy Norwalk, Ca 90650</i>		B. Received by (Printed Name)	C. Date of Delivery <i>9/17/12</i>
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 checked="" type="checkbox"/> No REGISTRAR-RECORDER / COUNTY CLERK RECEIVED BY: MAIL CENTER	
PS Form 3811, February 2004		Domestic Return Receipt	
7011 2000 0001 5537 6035		102595-02-M-1540	
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	

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<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 X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>DNC 430 S. Capitol St SE Washington DC 20003</i>		B. Received by (Printed Name) <i>Gina Lopez</i>	C. Date of Delivery <i>9-17-12</i>
2. Article Number (Transfer from :		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		Domestic Return Receipt	
7011 2000 0001 5537 6073		102595-02-M-1540	
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	

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 X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Sam Oles Attorney General of Georgia 40 Capitol Square Atlanta, GA 30334</i>		B. Received by (Printed Name) <i>Sam Oles</i>	C. Date of Delivery <i>9-18-12</i>
2. Article Number (Transfer from :		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		Domestic Return Receipt	
7011 2000 0001 5537 6073		102595-02-M-1540	
3. Service Type <input checked="" 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	

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:
*Attorney General
 of NH
 133 Capital Hs
 Concord, NH
 03301*

2. Article Number
 (Transfer from service) **7012 0470 0000 5943 0550**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Melanie Barber Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 SEP 17 2012

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

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:
*Dr. Feinbrace
 One Post Hs
 Ste 2450
 San Francisco, CA
 94104*

2. Article Number
 (Transfer from service label) **7012 0470 0000 5943 0543**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
[Signature] 09/17/12

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

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:
*Attorney General
 official Kamala
 Harris
 P.O. Box 94425
 Sacramento, CA 95824*

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 SEP 17 2012

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

7012 0470 0000 5053 3021

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OFFICIAL USE

Postage	\$	Postmark Here 9-15-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Attorney General, Clerk*
 Street, Apt. No., or PO Box No.: *425 Duquesne St*
 City, State, ZIP+4: *Pittsburgh, PA 15201*

7012 0470 0000 5943 0536

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OFFICIAL USE

Postage	\$	Postmark Here 9/13-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Clarendon, WA 98505*
 Street, Apt. No., or PO Box No.: *Attorney General of*
 City, State, ZIP+4: *Hope, WA State Capitol Complex, Building 1000 E 26*

7012 0470 0000 5943 0550

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Postage	\$	Postmark Here 9/13-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Attorney General*
 Street, Apt. No., or PO Box No.: *133 Capital St*
 City, State, ZIP+4: *Cummins, WA 98001*

7012 0470 0000 5943 0895

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Postage	\$	Postmark Here 9-17
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *NBC (Leah Defina)*
 Street, Apt. No., or PO Box No.: *10 Rockefeller Plaza*
 City, State, ZIP+4: *New York, NY 10111*

7012 0470 0000 5943 0529

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Postage	\$	Postmark Here 9/13-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Shirley Einker*
 Street, Apt. No., or PO Box No.: *Box 81*
 City, State, ZIP+4: *Sanville, CA 94526*

7012 0470 0000 5943 0543

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OFFICIAL USE

Postage	\$	Postmark Here 9/13-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Shirley Einker*
 Street, Apt. No., or PO Box No.: *Box 81*
 City, State, ZIP+4: *Sanville, CA 94526*

7012 0470 0000 5943 0574

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

OFFICIAL USE

Postage	\$	Postmark Here 9-13-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Atlanta Ga 30334*
Missie Keup sent to
 Street, Apt. No., or PO Box No.: *Notes of GA*
 City, State, ZIP+4: *214 State Capitol*

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0000 5943 0567

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OFFICIAL USE

Postage	\$	Postmark Here 9-13-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Atlanta Ga 30334*
Army General of Georgia
 Street, Apt. No., or PO Box No.: *40 Capitol Square SW*
 City, State, ZIP+4:

PS Form 3800, August 2006 See Reverse for Instructions

7011 2000 0001 5536 2199

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Postage	\$	Postmark Here 9-13-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Atlanta Ga 30334*
Attorney General
 Street, Apt. No., or PO Box No.: *2550*
 City, State, ZIP+4: *PO Box 944255*

PS Form 3800, August 2006 See Reverse for Instructions

7012 0470 0000 5943 0581

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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Postage	\$	Postmark Here 9-13-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Atlanta Ga 30334*
Mark Hunter Ober
 Street, Apt. No., or PO Box No.: *100 Peachtree St NE*
 City, State, ZIP+4: *Washington DC 20001*

PS Form 3800, August 2006 See Reverse for Instructions

7011 2000 0001 5537 6066

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Postage	\$	Postmark Here 9-15-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Chicago Ill 60681*
Office for America
 Street, Apt. No., or PO Box No.: *PO Box 803638*
 City, State, ZIP+4:

PS Form 3800, August 2006 See Reverse for Instructions

7011 2000 0001 5537 6073

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Postage	\$	Postmark Here 9-15-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Washington DC 20003*
DNC
 Street, Apt. No., or PO Box No.: *430 S. Capitol*
 City, State, ZIP+4:

PS Form 3800, August 2006 See Reverse for Instructions

7011 2000 0001 5537 6035

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Postage	\$	Postmark Here 9-15-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Agua Dulce, CA 90650

Sent To: *Debra Debra Register*

Street, Apt. No., or P.O. Box No.: *2400 Imperial Hwy*

City, State, ZIP+4: *Agua Dulce, CA 90650*

PS Form 3800, August 2006 See Reverse for Instructions

7011 2000 0001 5537 6059

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Postage	\$	Postmark Here 9/15-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *CNN. PO BOX 105*

Street, Apt. No., or P.O. Box No.: *306*

City, State, ZIP+4: *CNN Center Atlanta, GA 30348*

PS Form 3800, August 2006 See Reverse for Instructions

7011 2000 0001 5537 6042

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OFFICIAL USE

Postage	\$	Postmark Here 9/15-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Clear Channel Community*

Street, Apt. No., or P.O. Box No.: *200 East Basic Rd*

City, State, ZIP+4: *Atlanta, GA 30348*

PS Form 3800, August 2006 See Reverse for Instructions

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 <i>X JES SMITH</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>CNN</i> <i>P.O. Box 105366</i> <i>One CNN Center</i> <i>Atlanta, GA</i> <i>30348</i>		B. Received by (Printed Name) _____ C. Date of Delivery _____	
2. Article Number <i>7011 2000 0001 5537 6059</i> (Transfer from service)		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 Domestic Return Receipt 102595-02-M-1540		3. Service Type <input checked="" 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	

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 <i>X D Hartmann</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Democratic Party of HI</i> <i>1050 Ala. Moana Blvd.</i> <i>ste 826</i> <i>Honolulu, HI</i> <i>HI 96814</i>		B. Received by (Printed Name) <i>D. Hartmann</i> C. Date of Delivery <i>9/21/12</i>	
2. Article Number <i>7012 0470 0000 5943 0901</i> (Transfer from service)		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 Domestic Return Receipt 102595-02-M-1540		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	

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 <i>X [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Attorney General</i> <i>of HI</i> <i>425 Queen Street</i> <i>Honolulu HI</i> <i>96813</i>		B. Received by (Printed Name) <i>A. Huppert</i> C. Date of Delivery <i>SEP 20 2012</i>	
2. Article Number _____ (Transfer from service)		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 Domestic Return Receipt 102595-02-M-1540		3. Service Type <input checked="" 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	

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

OFFICIAL USE

Postage	\$	Postmark Here 9-19-12
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Daily Beast LLC*
 Street, Apt. No. or PO Box No.: *7th Avenue St*
 City, State, ZIP+4: *New York, NY 10009*

PS Form 3800, August 2006 See Reverse for Instructions

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OFFICIAL USE

Postage	\$	Postmark Here 9-18
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: *Board of Directors*
 Street, Apt. No. or PO Box No.: *of Whiteford Rebel*
 City, State, ZIP+4: *125 K Street Ste 12*

PS Form 3800, August 2006 See Reverse for Instructions

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