

From: "U.S. Postal Service_" <U.S. Postal_Service@usps.com>
 Subject: U.S. Postal Service Track & Confirm email Restoration - 70
 Date: August 21, 2006 3:59:53 PM EDT
 To: lalderman@a-dlaw.com

This is a post-only message. Please do not respond.

les Alderman has requested that you receive this restoration information Track & Confirm as listed below.

Current Track & Confirm e-mail information provided by the U.S. Postal :

Label Number: 7005 1160 0002 6703 9722

Service Type: Certified

Shipment Activity	Location	Date & Time
Delivered	WASHINGTON DC 20001	06/16/06 10:29am
Arrival at Unit	WASHINGTON DC 20001	06/16/06 8:06am
Acceptance	WASHINGTON DC 20035	06/14/06 3:06pm

USPS has not verified the validity of any email addresses submitted via its online Track & Confirm tool.

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

WASHINGTON DC 20001

Postage	\$ 11.35
Certified Fee	\$ 2.40
Return Receipt Fee (Endorsement Required)	\$ 1.85
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 15.60

Postmark Here

Sent To: *Baptist*
 Civil Process Clerk, US Attorney
 Street, Apt. No. or PO Box No. 555 4th St. NW
 City, State, ZIP+4 Washington DC 20001

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Michael O. Leavitt
Secretary
Department of Health & Human Services
300 Independence Ave, SW
Washington, DC 20201

2. Article Number 7005 1160 0002 6703 9739
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Leavitt* C. Date of Delivery *6-19-06*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
US Attorney General
950 Pennsylvania Ave, NW
Washington, DC
20530

2. Article Number 7005 1160 0002 6703 9746
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: