

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         |
| <b>Total Postage &amp; Fees</b>                | <b>\$ 15.60</b> |

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*  Agent  Addressee

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]*  Agent  Addressee

C. Date of Delivery *[Signature]*

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