

HHH

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>x S. Bliss</i></p>	
	<p>B. Received by (Printed Name) <i>S. BLISS</i></p>	<p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Mr. James R. Larsen, Clerk United States District Court Thomas S. Foley United States Courthouse, Suite 840 920 West Riverside Avenue Spokane, WA 99201-1010</p> </div> <p><i>08cr100-1</i></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> <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto;"> </div>	
	<p>3. Service Type</p> <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 checked="" type="checkbox"/> D.C.D. </p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number: (Transfer from service label)</p>	<p>7007 0710 0003 4410 4343</p>	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

FILED
 2-20-2008
 FEB 20 2008 YM

MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT