

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:

David Barasch, U.S. Attorney
 P.O. Box 11754
 Harrisburg, Pa. 17108

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Candice* B. Date of Delivery *05-01-01*

C. Signature *Candice* Agent Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)
7099 3400 000148570624

1-V-01-37 S.C. order 4/27/01

PS Form 3811, July 1999

Domestic Return Receipt

1092 2-card 102595-00-M-0952

*1-V-01-37
 Show cause
 order*