

7005 1160 0003 0988 5249

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

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

WASHINGTON DC 20594

OFFICIAL USE

Postage	\$	0.61	0251
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	15.71	



Sent To **William E. Fowler Jr.**
 Street, Apt. No. **490 L'Enfant Plaza East SW**
 or PO Box No.
 City, State, ZIP **Washington DC 20594**

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:

William E. Fowler Jr.
490 L'Enfant Plaza East SW
Washington DC 20594

RECEIVED
JA 10-19-09

2. Article Number

(Transfer from service label)

7005 1160 0003 0988 5249

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

RECEIVED

D. Is delivery address different from item 1?
If YES, enter delivery address below:

- Agent
- Addressee
- Yes
- No

2009 OCT 14 P 2:17

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes



Track/Confirm - Intranet Item Inquiry - Domestic

Tracking Label: 7005 1160 0003 0988 5249

Service Calculation Acceptance Date/Time: 10/07/2009 14:52

Destination	ZIP Code: 20594	City: WASHINGTON	State: DC
Origin	ZIP Code: 44125-9998	City: CLEVELAND	State: OH

Class/Service: First-Class Certified Mail**Anticipated Delivery Date:** 10/09/2009**Weight:** 0 lb(s) 2 oz(s)**Postage:** \$0.61**Zone:** 03**Firm Book ID:** 5103 0SGS E642 8791 6110**Delv Rqmt:** Normal Delivery**PO Box?:** N**Rate Indicator:** Single Piece - Letters

Special Services	Associated Labels	Amount
Certified Mail	7005 1160 0003 0988 5249	\$2.80
Return Receipt	7005 1160 0003 0988 5249	\$2.30

Event	Date/Time	Location	Scanner ID
DELIVERED	10/14/2009 11:36	WASHINGTON, DC 20594	030SHMF098
	Input Method: Firm Book Finance Number: 105010 Firm Name: NTSB 20594 R12 Recipient: 'G CALDWELL' Request Delivery Record View Delivery Signature and Address		
ARRIVAL AT UNIT	10/14/2009 09:22	WASHINGTON, DC 20022	030SGSE642
ACCEPT OR PICKUP	10/07/2009 14:52	CLEVELAND, OH 44125	
	Input Method: Firm Book Input Method: Scanned Finance Number: 381662		

Enter Request Type and Item Number:

Quick Search Extensive Search

7005 1160 0003 0988 5331

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CERTIFIED MAIL™ RECEIPT
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WASHINGTON DC 20594

OFFICIAL USE

Postage	\$	\$0.61	0251
Certified Fee		\$2.80	08
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.71	


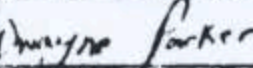



Sent To **William A. Pope II**
 Street, Apt. No., or PO Box No. **490 L'Enfant Plaza East SW**
 City, State, ZIP+4 **Washington DC 20594**



Track/Confirm - Intranet Item Inquiry
Item Number: 7005 1160 0003 0988 5331

This item was delivered on 10/13/2009 at 11:26

Signature:	 
Address:	

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. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature</p> <p>X RECEIVED NTSB REC. OF JUDGES WASHINGTON DC 2009 OCT 13 P 3:51</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>William A. Pope II 490 L'Enfant Plaza East SW Washington DC 20594</p> <p>RECEIVED 10-19-09</p>	<p>3. Service Type</p> <p><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>2. Article Number (Transfer from service tag) 7005 1160 0003 0988 5331</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, March 2001	Domestic Return Receipt
	102505-01-M-1424

7005 1160 0003 0988 5256

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

DENVER CO 80239

OFFICIAL USE

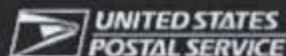
Postage	\$ 0.61	0251
Certified Fee	\$ 2.80	
Return Receipt Fee (Endorsement Required)	\$ 2.30	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 5.71	



Sent To **Patrick G. Geraghty**
4760 Oakland St.
 Street, Apt. No. or PO Box No. **Suite 500**
 City, State, ZIP+4® **Denver Col 80239**

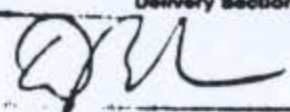
PS Form 3800, June 2002

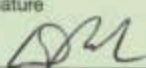
See Reverse for Instructions



Track/Confirm - Intranet Item Inquiry
Item Number: 7005 1160 0003 0988 5256

This item was delivered on 10/13/2009 at 14:14

Signature:	Delivery Section Sure  ted ne DAN BAKER
	Address: DAN BAKER 4760 Oakland # 500

<p>SENDER: COMPLETE THIS SECTION</p> <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>1. Article Addressed to:</p> <p>Patrick G. Geraghty 4760 Oakland St. Suite 500 Denver Col 80239</p> <p>2. Article Number (Transfer from service label) 7005 1160 0003 0988 5256</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Received by (Please Print Clearly) DAN BAKER B. Date of Delivery 10/13/09</p> <p>C. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>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>
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RECEIVED
 10-19-09

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

7005 1160 0003 0988 5300
0065 9860 E000 09TT 5002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

ARLINGTON TX 76011

OFFICIAL USE

Postage	\$	\$0.61	0251
Certified Fee		\$2.80	08
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.71	10/07/2009



William R. Mullins
624 Six Flags Dr.

Sent To
Street, Apt. No. or PO Box No. Suite 150
City, State, ZIP+4 Arlington TX 76011



Track/Confirm - Intranet Item Inquiry
Item Number: 7005 1160 0003 0988 5300

This item was delivered on 10/13/2009 at 16:27

Signature:	Delivery Section
	to <i>Anne Smith</i> ANNE SMITH
Address:	11111 11111 624 Six Flags Dr #150

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. Received by (Please Print Clearly) <i>ANNE SMITH</i> B. Date of Delivery <i>10-13-09</i> C. Signature <i>Anne Smith</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input checked="" type="checkbox"/> <i>Anne Smith</i> <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: William R. Mullins 624 Six Flags Dr. Suite 150 Arlington TX 76011		RECEIVED <i>10-16-09</i> <i>FT</i>	
2. Article Number (Transfer from service label) 7005 1160 0003 0988 5300		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.	
PS Form 3811, March 2001		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes Domestic Return Receipt 102595-01-M-1424	