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Label/Receipt Number: **7009 2250 0002 1247 8694**

Class: **First-Class Mail[®]**

Service(s): **Certified Mail[™]
Return Receipt**

Status: **Delivered**

Your item was delivered at 1:14 pm on September 14, 2010 in PORTLAND, OR 97204.

Detailed Results:

- **Delivered, September 14, 2010, 1:14 pm, PORTLAND, OR 97204**
- **Acceptance, September 13, 2010, 3:42 pm, CLACKAMAS, OR 97015**

Notification Options

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No FEAR Act EEO Data FOIA



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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:

DWIGHT C. HOLTON
UNITED STATES ATTORNEY
United States Attorney's Office
1000 SW Third Ave Suite 600
Portland, Oregon 97204

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Lauren Carville Agent Addressee

B. Received by (Printed Name)

Lauren Carville

C. Date of Delivery

9/14/2010

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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

(Transfer from service label) **7009 2250 0002 1247 8694**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540