

Z 470 945 084

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Solicitor General
Seth P. Waxman
 Street & Number Room 564
US Dept of Justice
 Post Office, State, & ZIP Code 950 Pennsylvania Ave NW
Washington, DC 20530-0001

Postage \$ 2.39

Certified Fee 1.35

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$ 3.74

Postmark or Date

WHITE PLAINS, NY
 SEP 5 1995
 USPS
 GERMANY STATION

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

U.S. Solicitor General
Seth P. Waxman
Room 564
US Dept of Justice
950 Pennsylvania Ave NW
Washington, DC 20530-0001

4a. Article Number

2 470 945 084

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

4 1995

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 (E11000)

102595-98-B-0229

Domestic Return Receipt

Z 470 945 085

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Lee Radek, Chief
Public Integrity Section
 Street & Number Dept of Justice
1025 Constitution Ave NW
 Post Office, State, & ZIP Code Washington, DC 20530

Postage \$ 2.39

Certified Fee 1.35

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$ 3.74

Postmark or Date

WHITE PLAINS, NY
 SEP 5 1995
 USPS
 GERMANY STATION

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, 4a, and 4b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Lee Radek, Chief
Public Integrity Section
U.S. DEPARTMENT OF JUSTICE
1025 Constitution Ave NW
Washington, DC 20530

SEP 14 1995

4a. Article Number

2 470 945 085

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

Elwood C. Robinson

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Z 470 945 087

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to *House Judiciary Committee*
Constitution Subcommittee
 Street & Number *B-351-A Ragsdale*
 Post Office, State, & ZIP Code *Washington, DC 20515*

Postage \$ *6.00*
 Certified Fee \$ *1.35*
 Special Delivery Fee
 Restricted Delivery Fee
 Return Receipt Showing to Whom & Date Delivered *10/1*
 Return Receipt Showing to Whom Date, & Addressee's Address
 TOTAL Postage & Fees \$ *7.35*
 Postmark or Date

PS Form 3800, April 1995

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

House Judiciary Committee
Constitution Subcommittee
Att: Tom Moore, Hich 9/9/97
B-351-A Ragsdale
Washington, D.C. 20515

4a. Article Number

2 470 945 087

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

SEP 08 1998

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Michael D. Williams

PS Form 3811, December 1994

Domestic Return Receipt

Z 470 945 088

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to *House Judiciary Committee*
Constitution Subcommittee
 Street & Number *B-351-C Ragsdale*
 Post Office, State, & ZIP Code *Washington, DC 20515*

Postage \$ *6.00*
 Certified Fee \$ *1.35*
 Special Delivery Fee
 Restricted Delivery Fee
 Return Receipt Showing to Whom & Date Delivered *10/1*
 Return Receipt Showing to Whom Date, & Addressee's Address
 TOTAL Postage & Fees \$ *7.35*
 Postmark or Date

PS Form 3800, April 1995

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

House Judiciary Committee
Constitution Subcommittee
Att: Amy Appelbaum, Ragsdale
B-351-C Ragsdale
Washington, DC 20515

4a. Article Number

2 470 945 088

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

SEP 08 1998

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Amy Appelbaum

PS Form 3811, December 1994

Domestic Return Receipt

Z 470 945 086

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	Administrative Office
Street & Number	The Columbus Circle, NE
Post Office, State, & ZIP Code	Washington, D.C. 20544
Postage	\$ 3.00
Certified Fee	\$ 0.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.35
Postmark or Date	SEP 25 1998

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Administrative Office of
the US Center
for Global
The Columbus Circle
Washington, D.C. 20544

4a. Article Number

2 470 945 086

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

9/18/98

5. Received By: (Print Name)

X

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Z 470 945 089

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	Commissioner of the Alternative Dispute Resolution
Street & Number	The Columbus Circle, NE
Post Office, State, & ZIP Code	Washington, D.C. 20544
Postage	\$ 2.39
Certified Fee	\$ 1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.74
Postmark or Date	SEP 25 1998

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Commissioner of the
Alternative Dispute Resolution
Federal Ct. Appeals
Attn: Byron White Chairman
The Columbus Circle, NE
Washington, D.C. 20544

4a. Article Number

2 470 945 089

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

9/19/98

5. Received By: (Print Name)

Bill White

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Z 470 945 090

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Philip Anderson

Street & Number 111 Center St. Suite 2200

Post Office, State, & ZIP Code Little Rock Arkansas 72204

Postage 3.00

Certified Fee 1.50

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$ 5.45

Postmark or Date

PS Form 3800, April 1995