## United States Dept. of Justice PS Form 3811, July 2015 PSN 7530-02-000-9053 SENDER: COMPLETE THIS SECTION 950 Ronsylvania Ave, NW Washington DC 20530-0001 1. Article Addressed to: Jeff Jessions, USAG 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. Complete items 1, 2, and 3. cle Number (Transfer from service label) 9590 9402 2235 6193 6625 57 3. Service Type □ Adult Signature □ Cartified Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery Restricted Delivery □ Signature Confirmation □ Insured Mail Restricted Delivery □ Restricted Delivery × B. Received by (Printed Name) A. Signature COMPLETE THIS SECTION ON DELIVERY Is delivery address different from item 1? If YES, enter delivery address below: ed Mail Restricted Delivery \$500) AUG 03:2018 Domestic Return Receipt ☐ Agent ☐ Addressee C. Date of Delivery 8 % 8 %

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