


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

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


OFFICIAL USE

Postage	\$	1.39	
Certified Fee		2.80	
Return Receipt Fee (Endorsement Required)		2.30	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	6.49	

Sent to: **DEA**
 Street, Apt. No., or PO Box No.: **Mailstop AES8701**
 City, State, ZIP+4: **Morrisette Dr, Springfield VA**

PS Form 3809, August 2006 Reverse for Instructions

7008 1140 0001 0706 7635

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. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) M. Dool</p> <p>C. Date of Delivery 8-14</p>
<p>1. Article Addressed to: Michele Leonhart DEA Mailstop AES8 101 Morrisette Dr. Springfield, VA 22152</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>2. Article No. (7z) 7008 1140 0001 0706 7635</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>

Attachment 1