

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

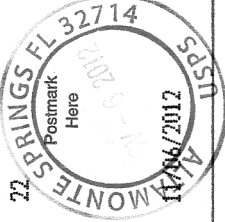
For delivery information, visit our website at www.usps.com®

NEW YORK, NY 10001

OFFICIAL USE

Postage	\$	11.35
Certified Fee	\$	2.95
Return Receipt Fee (Endorsement Required)	\$	2.35
Restricted Delivery Fee (Endorsement Required)	\$	0.00
Total Postage & Fees	\$	16.65

0500



Sent To

Cecile Richards

434 W 33rd St

NY, NY 10001

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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:

National Abortion Federation
 c/o Vicki Saporta, President and CEO
 1660 L Street NW, Suite 450
 Washington, DC 20036

2. Article Number
 (Transfer from service label)

7011 2970 0000 2445 4833

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) _____ C. Date of Delivery 11/16
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540

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:

Center for Reproductive Rights
 c/o Nancy Northup, President and CEO
 120 Wall Street
 New York, NY 10005

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) Luis Castillo C. Date of Delivery 11/16
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3800, August 2006 See Reverse for Instructions

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:

National Network of Abortion Funds
 c/o Stephanie Poggi, Exec. Director
 11 Arlington Street
 Boston, MA 02116

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) _____ C. Date of Delivery _____
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

2. Article Number
 (Transfer from service label)

7011 2970 0000 2445 4826

PS Form 3811, February 2004 Domestic Return Receipt

2. Article Number
 (Transfer from service label)

7011 2970 0000 2445 4840

PS Form 3811, February 2004 Domestic Return Receipt

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540