U.S. Postal Service™ **CERTIFIED MAIL™ RECEIPT** Ш (Domestic Mail Only; No Insurance Coverage Provided) 196 2445 \$ Postage 0000 Certified Fee Postmark Return Receipt Fee (Endorsement Required) Here T. Restricted Delivery Fee (Endorsement Required) 2970 NOY 2 6 2672 Total Postage & Fees \$ Street, Apt. No.: 400 N. Tampa Street, Suite 3200 City, State, ZIP+4 Tampa, FL 33602 7077 PS Form 3800, August 2006 See Reverse for Instructions

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 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: The Office of U.S. Attorney Robert E. O'Neill 400 N. Tampa Street, Suite 3200 Tampa, FL 33602 		A. Signature X Agent Agent Addressee B. Received by Frinted Name C. Date of Delivery A 3 0 2012 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
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