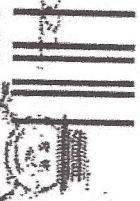


UNITED STATES POSTAL SERVICE

BOSTON, MA 021



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10
1

• Sender: Please print your name, address, and ZIP+4 in this box.

Michael Bickelmyer
4024 Memphis Ave,
Cleveland, OH 44109



277

46



EXPRESS MAIL

Customer Copy
Label 11-8, March 2004
Post Office To Addressee


ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 44131	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Postage \$ 18.80
Date Accepted 1/22/06	Scheduled Date of Delivery Month 12 Day 23	Return Receipt Fee \$ 1.85
Time Accepted 11:33 AM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$
Flat Rate <input type="checkbox"/> or Weight 1 lbs. 12 ozs.	Military <input type="checkbox"/> <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day Int'l Alpha Country Code	Insurance Fee \$
		Total Postage & Fees \$ 206.5
		Acceptance Empiricals 10/2/06

FROM: (PLEASE PRINT) PHONE 1

Michael Bickelmeier
4024 Memphis Ave.
Cleveland, OH 44109
12/26/2006 7:34am

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811



DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt	Time	Employee Signature
No. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
No. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
No. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No. **WAVER OF SIGNATURE (Domestic Mail Only)**
Additional merchandise insurance is void if
waiver is requested without signature
of addressee or addressee's authorized
representative. Signature of addressee
judges that article has been left in secure location and
authorizes that delivery employee's signature constitutes
valid proof of delivery.

NO DELIVERY **NO DELIVERY** **NO DELIVERY**
 NO DELIVERY **NO DELIVERY** **NO DELIVERY**
Federal Agency Acct. No. or Postal Service Acct. No. **NO DELIVERY** **NO DELIVERY**
Master Signature

TO: (PLEASE PRINT) PHONE 1

Senator Edward M. Kennedy
2400 JFK Federal Building
Boston, MA

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)
0 2 2 6 3 +

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.



Date: 12/28/2006

MICHAEL BICKELMEYER
10424 MEPHIS AVE
CLEVELAND, OH 44109

Dear MICHAEL BICKELMEYER:

The following is in response to your 12/26/2006 request for delivery information on your Express Mail item number EQ66 0908 752U S. The delivery record shows that this item was delivered on 12/26/2006 at 07:34 AM in BOSTON, MA 02203 to R FEE. The scanned image of the recipient information is provided below.

Delivery Sector

[Handwritten signature]

Signature of Recipient:

Address of Recipient:

02203

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,

United States Postal Service



Date: 12/28/2006

micheal bickelmeyer
1024 MEMPHIS AVE
CLEVELAND, OH 44109-3277
[Barcode]

Dear micheal bickelmeyer:

The following is in response to your 12/27/2006 request for delivery information on your Express Mail item number EQ66 0908 752U S. The delivery record shows that this item was delivered on 12/26/2006 at 07:34 AM in BOSTON, MA 02203 to R FEE. There is no delivery signature on file for this item.

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please take this receipt to your local Post Office or postal representative.

sincerely,

United States Postal Service

50



Date: 12/28/2006

micheal bickelmeyer
1024 MEMPHIS AVE
CLEVELAND, OH 44109-3277
[Barcode]

Dear micheal bickelmeyer:

The following is in response to your 12/27/2006 request for delivery information on your Express Mail item number EQ66 0908 752U S. The delivery record shows that this item was delivered on 12/26/2006 at 07:34 AM in BOSTON, MA 02203 to R FEE. There is no delivery signature on file for this item.

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please take this receipt to your local Post Office or postal representative.

Sincerely,

United States Postal Service

49



Customer Cc
Label 11-B, March

UNITED STATES POSTAL SERVICE®

Post Office To Addressee



EQ 544520900 US

ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code 44118	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 1440
Date Accepted 3/11/00	Scheduled Date of Delivery Month 3 Day 15	Return Receipt Fee \$ 1.75
Mo. Day Year 3 11 00	Scheduled Time of Delivery <input type="checkbox"/> Noon <input checked="" type="checkbox"/> 3 PM	COD Fee \$ Insurance Fee \$
Time Accepted 2:49 PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 11.25
Flat Rate <input type="checkbox"/> or Weight	Int'l Alpha Country Code	Acceptance Emp. Initials MA
lbs. ozs.		

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

CUSTOMER USE ONLY	
PAYMENT BY ACCOUNT Express Mail Corporate Acct. No. Federal Agency Acct. No. or Postal Service Acct. No.	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

FROM: (PLEASE PRINT) PHONE (440) 843-6622

Michael Bickelmeier
 9939 Pleasant Lake Blvd T-413
 Parma, OH 44130

TO: (PLEASE PRINT) PHONE ()

Department of Education
 Fund For New York City Public Schools
 Ms Caroline Kennedy
 52 Chambers St.
 New York, NY

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

1 0 0 0 7 + [] [] [] []

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING

Visit www.usps.com

Call 1-800-222-1811

18

28

1

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:
 Department of Education
 Fund For New York City Public Schools
 Ms Caroline Kennedy
 52 Chambers St,
 New York, N.Y. 10007

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Caroline Kennedy Addressee

B. Received by (Printed Name) Agent
 Ms Caroline Kennedy Addressee

C. Date of Delivery
 3-14-06

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: **E05445209000US**
 (Transfer from)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Sender Account Number 0315200 Receipt Format No. 10:0641
 FROM (Company) Michael Bickelmeyer
 Street Address 9934 Pleasant Lake Blvd, T-413
 City Parma State OH ZIP CODE (Required) 44130
 Sent by (Name/Dept) Michael Bickelmeyer Phone (Required) 4408436622
 TO (Company) PLEASE PRINT NEATLY
 Street Address Department of Education
 52 Chambers Street 2071
 City New York State NY ZIP CODE (Required) 10007
 Attention: (Name/Dept) Ms. Caroline Kennedy Phone (Required) 2123742874
 Description Paris habale: Food Stuffs/Expected Delivery
 Sender's Signature [Signature] Date 03/14/06 DHL Signature [Signature] Date 3/14

3 Payment Sender will be billed unless marked otherwise
 Bill to: [Signature] Agent No. (Required) 30124431746
 Receiver 3rd Party [Signature] 44863
 Paid In Advance [Signature] 44863-23
 Billing Reference (will appear on invoice)

4 Service Type
 One box must be checked.
 *Next Day 10:30
 *Next Day 12:00
 *Next Day 3:00
 10:30 am
 Extra charge.

5 # of Pgs 6 Weight (LBS) 1.83
 Special Instructions
 Saturday Delivery
 Extra charge Not available for all services and locations.
 Lab Pack Services
 Hold at DHL
 Shipment Value \$.00
 Shipment Valuation
 Payment Details (Credit Card)
 No. 1888-273-8876 Expires 4/13/06
 Type
 Auth.

*Service may vary by destination. Visit www.dhl-usa.com
 *Second Day 5:00
 *Next Day 3:00
 *Next Day 10:30
 *Next Day 12:00
 *Next Day 3:00
 ASSURE A HIGHER SHIPMENT VALUATION. CARRIERS LIABILITY IS LIMITED TO \$100 PER PACKAGE. FOR SPECIAL OR CONSEQUENTIAL DAMAGES ARE NOT RECOVERABLE. SEE TERMS AND CONDITIONS ON REVERSE SIDE OF THIS NON-NEGOTIABLE LABEL.

SENDER'S COPY



001 (03/04) 5-11

24

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:

*Delaware Division of Corporations
Attn: Ruth Ann
401 Federal St
Dover, DE 19901*

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Delivery Point (Name)

DEPARTMENT OF STATE

C. Date of Delivery

D. Delivery address different from item 1? Yes

If Yes, enter delivery address below: No

8:00

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

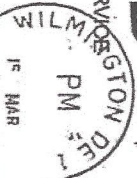
EQ 5445263634S

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Michael Bickelmeier
9934 Pleasant Lake Blvd. F-413
Parma, OH, 44130

10



EQ 544526363 US



Customer Copy Label 11-B, March 2004

UNITED STATES POSTAL SERVICE

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 44181	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 14.40
Date Accepted 3/12/06	Scheduled Date of Delivery Month 3 Day 14	Return Receipt Fee \$ 1.85
Time Accepted 5:44 PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input checked="" type="checkbox"/> PM	COD Fee \$ Insurance Fee \$
Flat Rate <input type="checkbox"/> or Weight lbs. 2.80 ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 16.25
	Int'l Alpha Country Code	Acceptance Emp. Initials BJ

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT Express Mail Corporate Acct. No. WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and authorize that delivery employee's signature constitutes valid proof of delivery.

Federal Agency Acct. No. or Postal Service Acct. No.

NO DELIVERY

Weekend Holiday Mailer Signature

FROM: (PLEASE PRINT) PHONE 440.843-6622

Michael Bickelmeyer
9934 Pleasant Lake Blvd. T-413
Parma, OH, 44130

TO: (PLEASE PRINT) PHONE

Delaware Division of Corporations
Attn: Ruth Ann
4011 Canal St.
Dover, OH

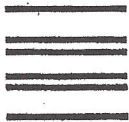
ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

1 9 9 0 1 +

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Michael Bickelmeier
9934 Pleasant-Lake Blvd. T-413
Parma, OH 44130

0963



25
1



E2 664009030 US



EXPRESS MAIL

Customer Copy
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 44181	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 14.40
Date Accepted Mo. 3 Day 28 Year 06	Scheduled Date of Delivery Month 3 Day 29	Return Receipt Fee \$ 1.85
Time Accepted <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$ Insurance Fee \$
Flat Rate <input type="checkbox"/> or Weight <input type="checkbox"/>	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage Fees \$ 18.25
lbs. 6.90 ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials KD

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
Federal Agency Acct. No. or Postal Service Acct. No.	

NO DELIVERY

Weekend Holiday Mailer Signature

FROM: (PLEASE PRINT) PHONE **440-843-6622**

Michael Bickelmeyer
9934 Pleasant Lake Blvd, T-413
Parma, OH, 44130

TO: (PLEASE PRINT) PHONE ()

Commissioner for Patents
P.O. Box 1450
Alexandria, VA,

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

2 2 3 1 3 + 1 4 5 0

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING

Visit **www.usps.com**

Call 1-800-222-1811



26

21

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:

Mail Stop PCT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA
 22313-1450

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter address below:

- Yes
- No



3. Service Type

- Certified Mail
- Registered Mail
- Insured Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number

(Transfer from service label) EQ 664004528 US

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •
Michael Bickelmeier
9934 Pleasant Lake Blvd. T-413
Parma, OH, 44130



28

STN 8143a



E2 664004528 US



Customer Copy
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE® Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		
PO ZIP Code 44181	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 18.80
Date Accepted 4/4/06	Scheduled Date of Delivery Month 4 Day 5	Return Receipt Fee \$ 1.85
Time Accepted 5:15 PM	Scheduled Time of Delivery <input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM	COD Fee \$ Insurance Fee \$
Flat Rate <input type="checkbox"/> or Weight <input type="checkbox"/>	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 20.65
lbs. 9.025	Int'l Alpha Country Code	Acceptance Emp. Initials VBT

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

CUSTOMER USE ONLY	
PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature.
Federal Agency Acct. No. or Postal Service Acct. No.	I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY
 Weekend Holiday Mailer Signature

FROM: (PLEASE PRINT) PHONE (440-843-6622)

Michael Bickelmeyer
9934 Pleasant Lake Blvd T-413
Parma, OH, 44130

TO: (PLEASE PRINT) PHONE ()

Mail Stop PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA.

ZIP (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

2 2 3 1 3 + 1 4 5 0

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811

29

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.

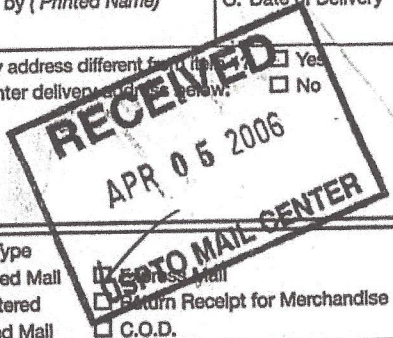
1. Article Addressed to:
 Mail Stop DD
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA
 22313-1450

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from that on the mailpiece? Yes
 If YES, enter delivery address below. No

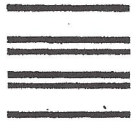


3. Service Type
 Certified Mail Registered Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) EQ664004545 US

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Michael Bickelmeier
9934 Pleasant Lake Blvd, F413
Parma, OH 44130



51



Customer Copy
Label 11-B, March 2004



E0 76322981 US

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 44130	Day of Delivery Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 14.40
Date Accepted 6/5/06	Scheduled Date of Delivery Month 6 Day 6	Return Receipt Fee \$ 1.85
Time Accepted <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 1707	Scheduled Time of Delivery Noon <input checked="" type="checkbox"/> 3 PM <input type="checkbox"/>	COD Fee \$ 0.00
Flat Rate or Weight lbs. ozs.	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Insurance Fee \$ 0.00
	Int'l Alpha Country Code	Total Postage & Fees \$ 18.25
		Acceptance Emp. Initials JIA.L

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM	Employee Signature
Mo. Day		<input type="checkbox"/> PM	
Delivery Attempt	Time	<input type="checkbox"/> AM	Employee Signature
Mo. Day		<input type="checkbox"/> PM	
Delivery Date	Time	<input type="checkbox"/> AM	Employee Signature
Mo. Day		<input type="checkbox"/> PM	

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature.
Federal Agency Acct. No. or Postal Service Acct. No.	(With delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.)

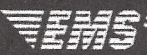
NO DELIVERY
 Weekend Holiday Mailer Signature

FROM: (PLEASE PRINT) PHONE **440 843-6622**
Michael Bickelmeyer
9934 Pleasant Lake Blvd. F413
Parmq, OH, 44130

TO: (PLEASE PRINT) PHONE **703 308-9290 Ex 110**
Mail Stop PCT
Commissioner for Patents
Attn: Marilyn Younger
Alexandria, VA.

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)
2 2 3 1 3 + 1 4 5 0

FOR PICKUP OR TRACKING
 Visit **www.usps.com**
 Call **1-800-222-1811**



FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

35