

**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:

President George W. Bush  
1600 Pennsylvania Ave  
N. W.  
Washington, D. C.  
20001

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X THE WHITE HOUSE OFFICE  
WASHINGTON, D. C. 20500

B. Received by (Print Name)

C. Date of Delivery

24 2002

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.

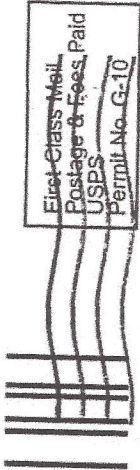
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

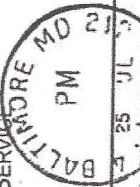
(Transfer from service label)

7002 0510 0002 3719 1648

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 •

Bugger & Hund L.L.C.  
Michael Bickelmeyer  
9934 Pleasant Lake Blvd.  
Apt. T-413  
Parma, OH. 44130



Airport Mail Facility  
Cleveland, Ohio  
441819600

06/01/2002 (800)275-8777 06:16:32 AM

| Product Description | Sale Qty | Unit Price | Final Price |
|---------------------|----------|------------|-------------|
|---------------------|----------|------------|-------------|

|                             |  |  |         |
|-----------------------------|--|--|---------|
| WASHINGTON DC 20460         |  |  | \$12.45 |
| Express Mail PO-ADD         |  |  |         |
| Serial Number EU316887958US |  |  |         |
| 2nd day 3PM /Normal         |  |  |         |
| Delivery                    |  |  |         |

=====  
Issue PVI: \$12.45

|                             |  |  |         |
|-----------------------------|--|--|---------|
| CHICAGO IL 60604 Express    |  |  | \$12.45 |
| Mail PO-ADD                 |  |  |         |
| Serial Number EU316887961US |  |  |         |
| Nextday 3PM /Normal         |  |  |         |
| Delivery                    |  |  |         |

=====  
Issue PVI: \$12.45

|                             |  |  |         |
|-----------------------------|--|--|---------|
| COLUMBUS OH 43215           |  |  | \$12.45 |
| Express Mail PO-ADD         |  |  |         |
| Serial Number EU316887944US |  |  |         |
| 2nd day 3PM /Normal         |  |  |         |
| Delivery                    |  |  |         |

=====  
Issue PVI: \$12.45

Total: \$37.35

Paid by:  
Cash \$40.00  
Change Due: -\$2.65

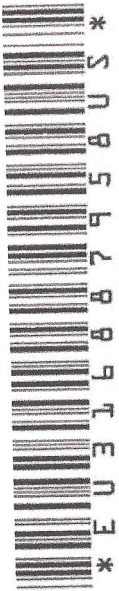
Bill#: 1000200225315  
Clerk: 16

Refunds only per DMH P014  
Thank you for your business  
Customer Copy



UNITED STATES POSTAL SERVICE®

POST OFFICE TO ADDRESSEE



\* E U 3 J 6 6 8 8 7 9 5 8 U S \*

Customer Copy Label 11-B May 2001

SEE REVERSE SIDE FOR SERVICE GUARANTEE AND INSURANCE COVERAGE LIMITS

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. 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 [ ] Customer Signature

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

TO: (PLEASE PRINT)

PHONE

Director Stationary Source Compliance Division (EN-34) U.S. Environmental Protection Agency 1401 M Street SW

ZIP + 4

2 0 4 0 0 + [ ] [ ] [ ] [ ] [ ] [ ]

Approved by [ ]

FROM: (PLEASE PRINT)

PHONE

Bogert, Bernard L.L.C. Michael Bickelmeier P.O. Box 27301 Spring, OH 44129

CUSTOMER USE ONLY

METHOD OF PAYMENT

Express Mail Corporate Acct. No.

FOR PICKUP OR TRACKING CALL 1-800-222-1811

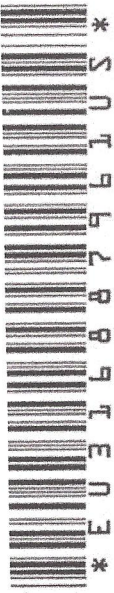
www.usps.com





UNITED STATES POSTAL SERVICE®

POST OFFICE TO ADDRESSEE



\* E U 3 1 6 8 8 7 9 6 1 U S \*

ORIGIN (POSTAL USE ONLY)

|  |  |  |
|--|--|--|
| PO ZIP Code  | Day of Delivery<br><input type="checkbox"/> Next <input type="checkbox"/> Second | Flat Rate Envelope<br><input type="checkbox"/> |
| Date In<br>Mo. Day Year  | <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM                   | Postage<br>\$ 1.10                             |
| Time In<br><input type="checkbox"/> AM <input type="checkbox"/> PM                                     | Military   | Return Receipt Fee                             |
| Weight<br>lbs. ozs.  | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day                | COD Fee  |
| <input type="checkbox"/> No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Int'l Alpha Country Code   | Insurance Fee                                  |
|  | Acceptance Clerk Initials  | Total Postage & Fees<br>\$ 12.45               |

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. If delivery is to be made without obtaining signature of addressee or addressee's agent, employee, agent, or other person, it can be an irrevocable liability and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY  Weekend  Holiday

Customer Signature

CUSTOMER USE ONLY

METHOD OF PAYMENT

Express Mail Corporate Acct. No.

FROM: (PLEASE PRINT)

PHONE 490, 843-6622

« Dwyer Hand LLC  
 Michael Buckley  
 P.O. Box 74301  
 Peering, Ch. 44129

TO: (PLEASE PRINT)

PHONE ( )

« Regional Administrator  
 Region V, EPA  
 77 West Jackson Blvd.  
 Chicago, IL

ZIP + 4

6 0 6 0 4 + [ ] [ ] [ ] [ ] [ ] [ ]

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

FOR PICKUP OR TRACKING CALL 1-800-222-1811

WWW.USPS.COM

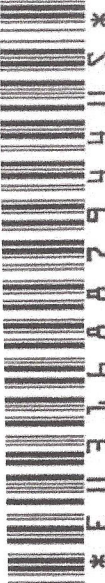


Customer Copy Label 11-B May 2001



UNITED STATES POSTAL SERVICE®

POST OFFICE TO ADDRESSEE



\* E U 3 1 6 6 8 7 9 4 4 U S \*

ORIGIN (POSTAL USE ONLY)

|  |  |  |
|--|--|--|
| PO Zip Code  | Day of Delivery<br><input type="checkbox"/> Next <input type="checkbox"/> Second | Flat Rate Envelope<br><input type="checkbox"/> |
| Date In<br>Mo. Day Year  | <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM                   | Postage<br>\$                                  |
| Time In<br><input type="checkbox"/> AM <input type="checkbox"/> PM               | Military<br><input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day    | Return Receipt Fee<br>\$                       |
| Weight<br>lbs. ozs.  | Int'l Alpha Country Code   | COD Fee  |
| No Delivery<br><input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Acceptance Clerk Initials  | Insurance Fee                                  |
| Total Postage & Fees<br>\$   |  |  |

CUSTOMER USE ONLY

METHOD OF PAYMENT  
Express Mail Corporate Acct. No.

FROM: (PLEASE PRINT)

PHONE

TO: (PLEASE PRINT)

PHONE

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

Bugger & Humbl.L.L.C.  
 Michael Bickelmeier  
 P.O. Box 29301  
 Parma, OH, 44129

Governor Robert Taft  
 77 South High Street  
 Riffe Tower Office  
 Columbus, OH

ZIP + 4

|   |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| 4 | 3 | 2 | 1 | 5 | + |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|

NO DELIVERY  Weekend  Holiday  
 Customer Signature

WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. With delivery to recipient without obtaining signature of addressee or addressee's authorized employee, the carrier does not assume liability for loss of or damage to contents. This waiver of signature is not valid for international mail.

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



Customer Copy Label 11-B May 2001

P.C.16

CLEVELAND AIRPORT MAIL CENTER  
CLEVELAND, Ohio  
441319998

09/09/2002 (800)275-8777 11:00:22 AM

| Product Description                     | Qty | Unit Price | Final Price |
|---|-----|------------|-------------|
| WASHINGTON DC 20001 Express Mail PO-ADD |     |            | \$17.85     |

Serial Number: CU18891827US  
 Next Day Noon / Normal Delivery  
 Return Receipt: \$1.75  
 Issue P/I: \$19.60

Total: \$19.60  
 Paid by: Cash \$20.00  
 Change Due: -\$0.40

Bill #: 1000501185053  
 Clerk: 03

Refunds only per DMM P014  
 Thank you for your business  
 Customer Copy

**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:

PRESIDENT GEORGE W. BUSH  
 1600 PENNSYLVANIA AVE.  
 N.W.  
 WASHINGTON, D.C. 20001

CRIPTOE

**COMPLETE THIS SECTION ON DELIVERY**

THE MAIL ROOM OFFICE

WASHINGTON, D. C. 20500  Agent  
 Addressee

B. Received by (Printed Name) SEP 20 2002 Date of Delivery

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

EV198915927US

Form 3811, August 2001

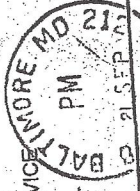
Domestic Return Receipt

102595-02-M-1035



9. 1

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-40



UNITED STATES POSTAL SERVICE

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

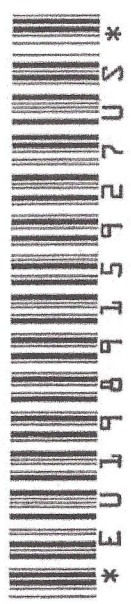
Bugger & Hund L.C.  
Michael Bickelmeyer  
9934 Pleasant Lake Blvd.  
Apt. T-413  
Parma, OH. 44130



950790



# POST OFFICE TO ADDRESSEE



Customer Copy Label 11-B May 2001

**ORIGIN (POSTAL USE ONLY)**

PO ZIP Code: 44118  
 Day of Delivery:  Next  Second

Date In: Mo. 09 Day 19 Year 2001  
 Time In:  AM  PM 3 PM

Weight: 1.25 lbs.  Military  2nd Day  3rd Day

Flat Rate Envelope:  Postage: \$ 17.85  
 Return Receipt Fee: \$ 1.95  
 Insurance Fee: \$ 19.80

NO DELIVERY:  Weekend  Holiday

**CUSTOMER USE ONLY**

**FROM: (PLEASE PRINT)**  
 Bugger & Hand L.L.C.  
 Michael Bickelmeier  
 1734 Pleasant Lake Blvd.  
 Apt. T-413  
 Parma, OH 44130

**TO: (PLEASE PRINT)**  
 President George W. Bush  
 1600 Pennsylvania Ave.  
 N.W.  
 Washington, D.C.

PHONE: (440) 943-6673

ZIP + 4: 20001

**WAVES OF SIGNATURE:** Additional merchandise insurance is void if waver of signature is requested. Waver of signature is void if waver of signature is requested. Waver of signature is void if waver of signature is requested.

NO DELIVERY:  Weekend  Holiday

Customer Signature: \_\_\_\_\_

**SEE REVERSE SIDE FOR SERVICE GUARANTEE AND INSURANCE COVERAGE LIMITS**

FOR PICKUP OR TRACKING CALL 1-800-222-1811



www.usps.com

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Addressee

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

D. Address different from item 1?  Yes  No  
If Yes, after delivery address below:

**RECEIVED**  
APR 14 2004  
INTERNAL REVENUE SERVICE

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

4. Restricted Delivery? (Extra Fee)  Yes

UNDER: 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.

Article Addressed to:  
Internal Revenue Service  
Cincinnati, OH 45999-0002

Article Number  
(Transfer from service label)  
9333542953US

Form 3811, August 2001

102536-02-M-154C

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 •  
Bugger & Hund/L.L.C.  
Michael Bickelmeier  
Executive President General Affairs  
9934 Pleasant Lake Blvd. T-413  
Parma, OH. 44130



15

**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:

*Internal Revenue Service  
TE/GE Division  
Mary H. Ashling, CPA  
1244 Speer Blvd, Suite 442  
Denver, CO 80204-3583*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Cheryl Benson*  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
*Cheryl Benson 2/10/04*  
 D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

2. Article Number

(Transfer from service label)

*EV 31154475245*

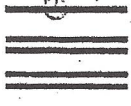
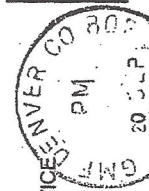
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

17 I

UNITED STATES POSTAL SERVICE



GREEN FIRST-Class Mail  
Postage & Fees Paid  
FROM  
USPS  
PERMIT NO. 600

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

**BUGGER & HUND L.L.C.**  
Michael Bickelmeyer  
Executive President General Affairs  
9934 Pleasant Lake Blvd. Suite T-413  
Parma, OH. 44130



130+7403



EV 563049233 US



UNITED STATES POSTAL SERVICE®

Customer Copy  
Label 11-F, April 2004

Received  
08/15/05  
1:20p

Post Office To Addressee

| ORIGIN (POSTAL SERVICE USE ONLY)                          |  |                                  |
|---|--|----------------------------------|
| PO ZIP Code<br>44181                                      | Day of Delivery<br><input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | Postage<br>\$ 13.65              |
| Date Accepted<br>8 15 05                                  | Scheduled Date of Delivery<br>Month 8 Day 16   | Return Receipt Fee<br>\$         |
| Mo. Day Year  | Scheduled Time of Delivery<br><input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM                           | COD Fee<br>\$                    |
| Time Accepted<br>6:00 AM                                  | Military<br><input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day  | Insurance Fee<br>\$              |
| Flat Rate <input type="checkbox"/> or Weight<br>lbs. 3.40 | Int'l Alpha Country Code   | Total Postage & Fees<br>\$ 13.65 |
|   |  | Acceptance Emp. Initials<br>KW   |

| DELIVERY (POSTAL USE ONLY)   |   |                    |
|--|---|--------------------|
| Delivery Attempt   | Time<br><input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day  |   |                    |
| Delivery Attempt   | Time<br><input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day  |   |                    |
| Delivery Date  | Time<br><input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day  |   |                    |
| <input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. 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 <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday  |   |                    |
| Customer Signature   |   |                    |

| CUSTOMER USE ONLY                |  |
|----------------------------------|--|
| METHOD OF PAYMENT:               |  |
| Express Mail Corporate Acct. No. | Federal Agency Acct. No. or Postal Service Acct. No. |

FROM: (PLEASE PRINT) PHONE 440 843-6622

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

TO: (PLEASE PRINT) PHONE

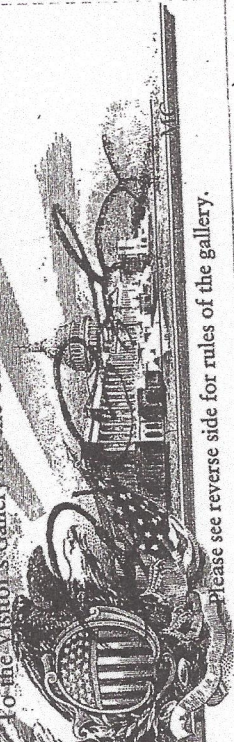
Internal Revenue Service  
1240 E. 9th St.  
Cleveland, OH, 44199

UNITED STATES

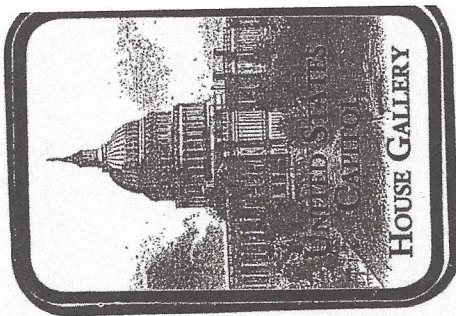
# House of Representatives

ADMIT

To the Visitor's Gallery for the One Hundred Ninth Congress



Please see reverse side for rules of the gallery.

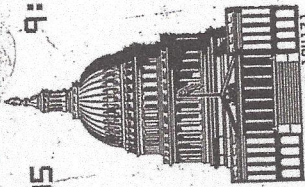




# United States Capitol

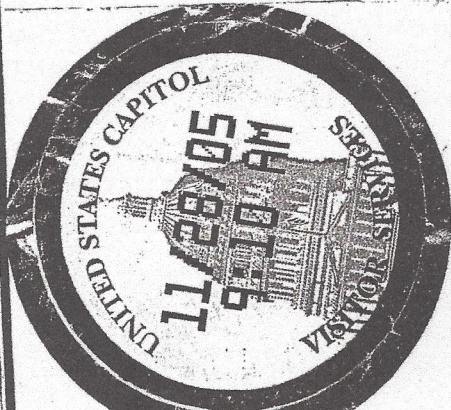
11/28/05

9:10 AM



Capitol Guide Service  
Congressional Special Services Office

NON-TRANSFERABLE IMPORTANT INFORMATION ON REVERSE.



## 109TH CONGRESS

### RULES OF THE GALLERY

Nothing may be taken into the Galleries other than articles of clothing and handbags. Guests must remain seated and refrain from reading, writing, smoking, eating, drinking, applauding or picture taking. Front railing must be kept clear of all objects and guests must not lean on railings. Appropriate hats may be worn by gentlemen for religious purposes only. Any disturbance or infraction of these rules is justification for expulsion from the Galleries.

571709

*The Sergeant at Arms*

### Welcome to the United States Capitol

To ensure a safe and enjoyable visit, note the following:

- This free pass is required for entry into the Capitol and is valid only for the date and time printed on the front. Please note your arrival time, and report promptly to the tour staging area as passes cannot be honored after this time.
- Some items are prohibited from the Capitol. Review all posted signs prior to your tour.
- Separate gallery passes from the office of a Member of Congress are required to visit the Senate and the House of Representatives while in session. International visitors may obtain passes with a photo ID.



Questions or comments please see Guide, Conifer Pass...

