



EQ 660901649 US  
10/28/2006 10:39AM

**EXPRESS MAIL**  
UNITED STATES POSTAL SERVICE®

Customer Copy  
Label 11-B, March 2004

Post Office To Addressee

**ORIGIN (POSTAL SERVICE USE ONLY)**

|  |  |                                  |
|--|--|----------------------------------|
| PO ZIP Code<br>44131                                   | Day of Delivery<br><input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | Postage<br>\$ 1440               |
| Date Accepted<br>10/27                                 | Scheduled Date of Delivery<br>Month 10 Day 28  | Return Receipt Fee<br>\$ 1.85    |
| Time Accepted<br>1450                                  | Scheduled Time of Delivery<br><input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM                           | COD Fee<br>\$                    |
| Flat Rate <input type="checkbox"/> or Weight<br>lbs. 2 | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day   | Insurance Fee<br>\$              |
|  | Int'l Alpha Country Code<br>DB   | Total Postage & Fees<br>\$       |
|  |  | Acceptance Emp. Initials<br>1025 |

**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. \_\_\_\_\_  
Federal Agency Acct. No. or Postal Service Acct. No. \_\_\_\_\_

**WAIVER OF SIGNATURE (Domestic Mail Only)**  
Additional merchandise insurance is void if customer requests waiver of signature.  
(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 (216) 398-5975  
Michael Bickelmeyer  
4024 Memphis Ave.  
Cleveland, OH. 44109

**TO: (PLEASE PRINT)** PHONE ( )  
Hotel Harrington  
Attn: Ann Terry  
436 11th St. N.W.  
Washington, D.C.

ZIP + 4 (U.S. ADDRESSES ONLY, DO NOT USE FOR FOREIGN POSTAL CODES.)  
2 0 0 0 4 + [ ] [ ] [ ] [ ]

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

FOR PICKUP OR TRACKING

Visit [www.usps.com](http://www.usps.com)

Call 1-800-222-1811



66



EQ 660901685 US  
10/30/2006 1:08 PM



Customer Copy  
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

|   |  |                                      |
|---|--|--------------------------------------|
| PO ZIP Code<br>44131  | Day of Delivery<br><input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | Postage<br>\$ 1440                   |
| Date Accepted<br>10-27                                      | Scheduled Date of Delivery<br>Month 10 Day 28  | Return Receipt Fee<br>\$ 185         |
| Mo. 10 Day 27 Year  | Scheduled Time of Delivery<br><input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM                           | COD Fee \$ Insurance Fee \$          |
| Time Accepted<br>1454                                       | <input type="checkbox"/> AM <input type="checkbox"/> PM  | Total Postage & Fees \$              |
| Flat Rate <input type="checkbox"/> or Weight<br>lbs. 5 ozs. | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day   | Acceptance Emp. Initials<br>JJD 1075 |
|   | Int'l Alpha Country Code   |                                      |

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 I authorize that delivery employee's signature constitutes valid proof of delivery.

Federal Agency Acct. No. \_\_\_\_\_  
Postal Service Acct. No. \_\_\_\_\_

NO DELIVERY

Weekend  Holiday  Mailer Signature \_\_\_\_\_

FROM: (PLEASE PRINT)

PHONE (216) 396-59

Michael Bickelmeier  
4024 Memphis Ave.  
Cleveland, OH. 44109

TO: (PLEASE PRINT)

PHONE ( )

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

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](http://www.usps.com)

Call 1-800-222-1811



34

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:

D.C. Visitor's Center  
 Attn: Ruth  
 1306 Pennsylvania Ave N.W.  
 Washington, D.C.  
 20004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Ruth Piddick*  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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)

E 06660901621US

PS Form 3811, February 2007

Domestic Return Receipt

102395-02-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  
4024 Memphis Ave.  
Cleveland, OH 44109



36





Customer Copy  
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee



EA1660901621 US  
10/30/2006 2:47 PM

ORIGIN (POSTAL SERVICE USE ONLY)

|   |  |                                  |
|---|--|----------------------------------|
| PO ZIP Code<br>44131  | Day of Delivery<br><input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | Postage<br>\$ 1440               |
| Date Accepted<br>10-27  | Scheduled Date of Delivery<br>Month 10 Day 28  | Return Receipt Fee<br>\$ 185     |
| Time Accepted<br>1450   | Scheduled Time of Delivery<br><input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM                           | COD Fee<br>\$                    |
| Flat Rate <input type="checkbox"/> or Weight <input type="checkbox"/> | Military <input type="checkbox"/>  | Insurance Fee<br>\$              |
| lbs. 3  | Int'l Alpha Country Code<br>DD   | Total Postage & Fees<br>\$       |
|   |  | Acceptance Emp. Initials<br>1625 |

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.

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 216-398-5975

Michael Bickelmeyer  
4024 Memphis Ave.  
Cleveland, OH 44109

TO: (PLEASE PRINT) PHONE ( )

D.C. Visitor's Center  
Attn: Ruth  
1300 Pennsylvania Ave. N.W.  
Washington, D.C.

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

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

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING

Visit [www.usps.com](http://www.usps.com)

Call 1-800-222-1811



191



UNITED STATES  
POSTAL SERVICE

Date: 11/08/2006

michael bickelmeyer  
4024 MEMPHIS AVE  
CLEVELAND, OH 44109-3277  
|||

Dear michael bickelmeyer:

The following is in response to your 11/08/2006 request for delivery information on your Express Mail item number EQ66 0901 621 U.S. The delivery record shows that this item was delivered on 10/30/2006 at 02:47 PM in WASHINGTON, DC 20004 to R RIDDICK. The scanned image of the recipient information is provided below.

Delivery section

Signature of Recipient:

Ruth Riddick  
Ruth Riddick

Address of Recipient:

1306 Fern

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

**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:  
 Senator Edward M. Kennedy  
 Attn: Senator Kennedy  
 317 Russell Office Senate Building  
 Washington, D.C.  
 20510

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  Addressee

B. Received by (Printed Name) Eric Noy C. Date of Delivery 1/10/05

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

2. Article Number **E0660901652US**  
 (Transfer from service label)  
 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  
4024 Memphis Ave.  
Cleveland, OH, 44109



40





EA 660901652 US  
10/30/2006 8:56 AM



Customer Copy  
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

|   |  |                                  |
|---|--|----------------------------------|
| PO ZIP Code<br>44131  | Day of Delivery<br><input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | Postage<br>\$ 1440               |
| Date Accepted<br>10-27                                      | Scheduled Date of Delivery<br>Month 10 Day 28  | Return Receipt Fee<br>\$ 185     |
| Time Accepted<br>1450                                       | Scheduled Time of Delivery<br><input checked="" type="checkbox"/> Noon <input type="checkbox"/> 3 PM                           | COD Fee \$ Insurance Fee \$      |
| Flat Rate <input type="checkbox"/> or Weight<br>lbs. 5 ozs. | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day   | Total Postage & Fees \$          |
|   | Int'l Alpha Country Code   | Acceptance Emp. Initials<br>1025 |

DELIVERY (POSTAL USE ONLY)

|                  |      |  |                    |
|------------------|------|--|--------------------|
| Delivery Attempt | Time | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Employee Signature |
| Mo. Day          |      |  |                    |
| Delivery Attempt | Time | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Employee Signature |
| Mo. Day          |      |  |                    |
| Delivery Date    | Time | <input type="checkbox"/> AM<br><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 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 (216) 398-5975  
Michael Bickelmeyer  
4024 Memphis Ave,  
Cleveland, OH, 44109

**TO:** (PLEASE PRINT) PHONE ( )  
Senator Edward M. Kennedy  
Attn: Senator Kennedy  
317 Russell Senate Office Building  
Washington, D.C.

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

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

**FOR PICKUP OR TRACKING**  
Visit [www.usps.com](http://www.usps.com)  
Call 1-800-222-1811



16



54 660408766 US

**ORIGIN (POSTAL SERVICE USE ONLY)**

PO ZIP Code: 44131

Date Accepted: 12/26/00

Time Accepted: 11:30 AM

Rate: 13.80

Weight: 13 ozs.

Day of Delivery:  Next  2nd  3rd

Scheduled Date of Delivery: 12/23

Scheduled Time of Delivery: 3 PM

Postage: \$15.80

Return-Receipt Fee: \$0.00

Insurance Fee: \$0.00

COD Fee: \$0.00

Total Postage & Fees: \$15.80

Accordance:  1st  2nd  3rd

Initials: *[Handwritten]*

**FROM: (PLEASE PRINT)**

PHONE: *[Handwritten]*

Michael Bickelmeier  
4024 Memphis Ave.  
Shelton, OH 44884  
12/26/2000 8:39am Delivery

**FOR PICKUP OR TRACKING**

Visit [www.usps.com](http://www.usps.com)

Call 1-800-222-1811

**DELIVERY (POSTAL USE ONLY)**

Delivery Attempt:  AM  PM

Mo. Day: 12/26

Delivery Attempt:  AM  PM

Mo. Day: 12/26

Delivery Date:  AM  PM

Mo. Day: 12/26

Employee Signature: *[Handwritten]*

**CUSTOMER USE ONLY**

**PAYMENT BY ACCOUNT**

Express Mail Corporate Act. No. *[Handwritten]*

Federal Agency Act. No. *[Handwritten]*

Postal Service Act. No. *[Handwritten]*

**WAVES OF SIGNATURE (Classic Mail/ Only)**

Additional merchandise insurance is void if customer requests waiver of signature.

Waiver of signature is void if signature is not in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

**TO: (PLEASE PRINT)**

PHONE: *[Handwritten]*

Mail Stop 867, 900 Hill  
Commissioner for Patents  
PO Box 4580  
Alexandria, VA

**NO DELIVERY**  Holiday  Make Signature

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

2 2 3 1 3 + 4 9 5 0

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

42

copy  
2004

guarantee: Express Mail international mailings are not covered by this service agreement. Military shipments delayed due to customs inspections are also excluded. If an item is mailed at a designated USPS Express Mail facility, on or before the specified deposit time for overnight or second delivery day delivery to the addressee, the addressee or agent will be attempted before the applicable guaranteed time. Signature of the addressee's agent, or delivery employee is required upon delivery. If a delivery is not made by the guaranteed time and the mailer files a claim for a refund, the USPS will refund the postage, unless the delay was caused by: proper detention for law enforcement purposes; strike or work stoppage; late deposit of shipment, forwarding, return, incorrect address, or incorrect ZIP code; delay or cancellation of flights; governmental action beyond the control of the Postal Service or air carriers; war, insurrection, or civil disturbance; breakdowns of a substantial portion of the USPS transportation network resulting from events or factors outside the control of the Postal Service or its God.

A notice is left for the addressee when an item cannot be delivered on a first attempt. If the item cannot be delivered on the second attempt and is not claimed by the addressee within five days of the second attempt, it will be returned to sender at no additional postage.

Please consult your local Express Mail directory for noon and 3 p.m. delivery areas and for information on international and military Express Mail services. See the Domestic Mail Manual for details.

Insurance Coverage: Insurance is provided only in accordance with postal regulations in the Domestic Mail Manual (DMM) and, for international shipments, the International Mail Manual (IMM). The DMM and IMM set forth the specific types of losses that are covered, the limitations on coverage, terms of insurance, conditions of payment, and adjudication procedures. Copies of the DMM and IMM are available for inspection at any post office and online at [pe.usps.gov](http://pe.usps.gov). If copies are not available and information on Express Mail insurance is requested, please contact postmaster prior to mailing. The DMM and IMM consist of federal regulations, and USPS personnel are NOT authorized to change or waive these regulations or grant exceptions. Limitations prescribed in the DMM and IMM provide, in part, that:

- The contents of Express Mail shipments defined by postal regulations as merchandise are insured against loss, damage, or rifling. Coverage up to \$100 per shipment is included at no additional charge. Additional merchandise insurance up to \$5,000 per shipment may be purchased for an additional fee. However, additional charges are void if waiver of the addressee's signature is requested.
- Coverage extends to the actual value of the contents at the time of mailing or the cost of repairs, not to exceed the limit fixed for the insurance coverage obtained.
- Items defined by postal regulations as "negotiable items" (items that can be converted to cash without resort to forgery), currency, or billon are insured up to a maximum of \$15 per shipment.
- For international Express Mail shipments, insurance coverage may vary by country and may not be available to some countries. Indemnity is not paid for items containing coins, banknotes, currency notes (paper money), securities of any kind payable to the bearer, traveler's checks, platinum, gold, and silver (manufactured or not); precious stones, jewelry, and other valuable or prohibited articles.
- Items defined by postal indemnity regulations as "nonnegotiable documents" are insured against loss, damage, or rifling up to \$100 per shipment for document reconstruction, subject to additional limitations for multiple pieces lost or damaged in a single catastrophic occurrence. Document reconstruction insurance provides reimbursement for the reasonable costs incurred in reconstructing duplicates of nonnegotiable documents mailed. Document reconstruction insurance coverage above \$100 per shipment is NOT available, and attempts to purchase additional document insurance are void.
- No coverage is provided for confidential losses due to loss, damage, or delay of Express Mail or for concealed damage, spoilage of perishable items, and articles improperly packaged or too fragile to withstand normal handling in the mail.

COVERAGE, TERMS AND LIMITATIONS ARE SUBJECT TO CHANGE. Please consult Domestic Mail Manual and International Mail Manual, both of which are available at [pe.usps.gov](http://pe.usps.gov), for additional limitations and terms of coverage.

Claims: Original customer receipt of the Express mail label must be presented when filing an indemnity claim and /or for a postage refund.

1. All claims for delay, loss, damage, or rifling must be made within 90 days of the date of mailing; for International, call 1-800-222-1811.
2. Claim forms may be obtained and filed at any post office.
3. To file a claim for damage, the article, container, and packaging must be presented to the USPS for inspection. To file a claim for loss of contents, the container and packaging must be presented to the USPS for inspection. PLEASE DO NOT REMAIL. THANK YOU FOR CHOOSING EXPRESS MAIL.

SP 7/11/11  
 25x speed of sound  
 Space Station  
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Date: 12/26/2006

MICHAEL BICKELMEYER  
4024 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 766U S. The delivery record shows that this item was delivered on 12/26/2006 at 06:39 AM in ALEXANDRIA, VA 22313 to S DYAR. The scanned image of the recipient information is provided below.

Signature of Recipient:

|                  |  |
|------------------|--|
| Signature        | <i>X</i>   |
| Printed Name     | <i>Anthony R. Dyar</i>   |
| Delivery Address | <b>PAT OFFICE</b><br><b>P.O. BOX 1450</b><br><b>Alexandria, VA 22313</b> |

Address of Recipient:

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

**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:  
 Senator Edward M. Kennedy  
 2400 JFK Federal Building  
 Boston, MA, 02203

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *E M Kennedy*  Addressee

B. Received by  Printed Name)  Date of Delivery  
*E M Kennedy* *8/10/01*

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) *EQ660908752 US*

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509



PO ZIP Code  
E4 660908806 US

ORIGIN (POSTAL SERVICE USE ONLY)

|   |   |                                  |                                 |
|---|---|----------------------------------|---------------------------------|
| Day of Delivery<br>4/1/31   | Postage<br>\$   | Return Receipt Fee<br>\$         | Insurance Fee<br>\$             |
| Scheduled Date of Delivery<br>Month 12 Day 23                           | COD Fee<br>\$   | Total Postage & Fees<br>\$ 18.80 | Acceptance Emp. Initials<br>PDR |
| Scheduled Time of Delivery<br>Month 12 Day 23<br>Time Accepted 11:29 AM | Military<br><input type="checkbox"/> Non<br><input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM | Int'l Alpha Country Code         |                                 |
| Flat Rate <input type="checkbox"/> or Weight<br>lbs. 13 ozs.            |   |                                  |                                 |

FROM: PLEASE PRINT PHONE ( )

Michael Bickelmeier  
4024 Memphis Ave  
Cleveland, OH 44109  
PDR 10066539 am, Delivered

FOR PICKUP OR TRACKING

Visit [www.usps.com](http://www.usps.com)  
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EXPRESS MAIL

UNITED STATES POSTAL SERVICE

Post Office To Address

Customer C Label 1-8, March

DELIVERY (POSTAL SERVICE USE ONLY)

|                  |      |                    |
|------------------|------|--------------------|
| Delivery Attempt | Time | Employee Signature |
| Mo. Day          | Time | Employee Signature |
| Mo. Day          | Time | Employee Signature |
| Mo. Day          | Time | Employee Signature |

CUSTOMER USE ONLY

NO DELIVERY  Holiday  Mailer Signature

TO: PLEASE PRINT PHONE ( )

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1950  
Alexandria, VA  
Zip 22304 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

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2 2 3 1 3 + 1 4 5 0



Date: 12/26/2006

MICHAEL BICKELMYER  
4024 MEPHIS AVE  
CLEVELAND, OH 44109

Dear MICHAEL BICKELMYER:

The following is in response to your 12/26/2006 request for delivery information on your Express Mail item number EQ66 0908 806U S. The delivery record shows that this item was delivered on 12/26/2006 at 06:39 AM in ALEXANDRIA, VA 22313 to S DYAR. The scanned image of the recipient information is provided below.

Signature of Recipient:

Address of Recipient:

|                  |   |   |
|------------------|---|---|
| Signature        | X | <i>Michael R. Dyar</i>  |
| Printed Name     |   |   |
| Delivery Address |   | <b>POST OFFICE</b><br><b>P.O. BOX 1430</b><br><b>Alexandria, VA 22313</b> |

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

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