



POST OFFICE TO ADDRESSEE



Customer Copy
Label 11-B August 2000

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code <i>1003</i>	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/>	Flat Rate Envelope <input type="checkbox"/>	
Date In Mo. Day Year <i>7/14/99</i>	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ <i>16.25</i>	
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight lbs. <i>2.0</i> ozs.	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <i>2</i>	Total Postage & Fees \$ <i>16.25</i>	

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

CUSTOMER USE ONLY	
METHOD OF PAYMENT Express Mail Corporate Acct. No.	Federal Agency Acct. No. or Postal Service Acct. No.
FROM: (PLEASE PRINT) <i>Elona Ruth Jansover Box 67, Putney Station White Plains, NY 10605-0067</i>	TO: (PLEASE PRINT) <i>NYS Attorney General Attn: Deputy Solicitor General Belchikov 120 Broadway NY NY 10271</i>
PHONE <i>714-421-1200</i>	PHONE <i>212-416-8020</i>
ZIP + 4 [] [] [] [] [] + [] [] [] []	

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

www.usps.com



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

Postage	\$ 3.95
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.55

Sent To
*NYS Commission on Justice
801 Second Ave 13th Fl
NY NY 10017*

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:

*NYS Commission on Judicial Conduct
801 Second Avenue
13th floor
NY, NY 10017*

2. Article Number (Copy from service label)

7000-1670-0007-9431-9905

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
7/20/99

C. Signature
Alvinsky Agent Addressee

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, July 1999

Domestic Return Receipt

102595-00-M-0952

EXF-2



Date: 09/24/2001

Fax Transmission To: Postal Customer
Fax Number: 914-428-4994

Dear Postal Customer:

The following is in response to your 09/24/2001 request for delivery information on your Express Mail item number ET495066399US. The delivery record shows that this item was delivered on 09/21/2001 at 12:34 PM in NEW YORK, NY 10005 to J WILLIAMS. The scanned image of the recipient information is provided below.

Signature of Recipient: _____
Delivery Section

J. Williams
T. Williams

Address of Recipient: J. Williams

1501 DELAWARE ST. N.Y. NY 10005

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