

**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:

Alfred G. Ostrowick  
 197 Lawson Lane  
 Many, LA 71449

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *A. Ostrowick* B. Date of Delivery *5-23-11*

C. Signature *[Signature]*  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

2. Article Number (Copy from service label)

7002 0510 0003 4362 5921

U.S. DISTRICT COURT  
 N.D. OF N.Y.  
 FILED

MAY 27 2011

LAWRENCE K. BAERMAN, CLERK  
 ALBANY

09-cv-825