

U.S.W.G.O.

Brian D Hill
Signed

Brian D. Hill
310 Forest Street, Apt. 2
Martinsville, VA 24112

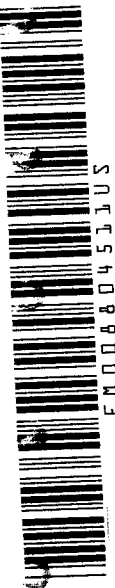


1007



27401

U.S. POSTAGE
PAID
MARTINSVILLE, VA
24112
APR 04, 18
AMOUNT
\$24.70
R2305K137062-16



EM008804511JUS

EM008804511JUS
PRIORITY MAIL EXPRESS™



CUSTOMER USE ONLY
FROM: (PLEASE PRINT)
Brian D Hill 310 Forest Street Apt 2 Martinsville VA 24112
PHONE: () - -
703-332-6371

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) requires the addressee's signature; OR 2) purchases and insurance; OR 3) purchases COD service; OR 4) purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

Clayton H. Scott
US District Court
304 West Alexander Suite 1
Greensboro NC
ZIP + 4 (U.S. ADDRESSES ONLY)
27401-2543

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.

\$100.00 Insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)		<input type="checkbox"/> 1-Day PO ZIP Code	<input type="checkbox"/> 2-Day Scheduled Delivery Date (MMDDYY)	<input type="checkbox"/> Military Postage	<input type="checkbox"/> DPO
Date Accepted (MMDDYY)	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	10:30 AM Delivery Fee \$	Insurance Fee \$	COD Fee \$
Special Handling/Fragile \$	Weight lbs. ozs.	Acceptance Employee Initials	Return Receipt Fee \$	Live Animal Transportation Fee \$	Total Postage & Fees
DELIVERY (POSTAL SERVICE USE ONLY)		Delivery Attempt (MMDDYY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature		
Delivery Attempt (MMDDYY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Employee Signature			

LABEL 11-8, OCTOBER 2016 PSN 7890-02-000-9998 3-ADDRESSEE COPY



