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

Roosevelt Simmons
05942-087
CANAAN
U.S. PENITENTIARY
Inmate Mail/Parcels
P.O. BOX 300
WAYMART, PA 18472
Civil Action No. 5:07-cr-40; 5:11-cv-57
Doc. 270; Doc. 11

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X KAlogna
☒ Agent
☐ Addressee

B. Received by (Printed Name)
KAlogna

C. Date of Delivery

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

FILED
MAY 07 2014
U.S. DISTRICT COURT WVND
WHEELING, WV 26003

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) 7012 2920 0001 0782 2980

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540