

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

U.S. Dept. of Justice  
 Civil Division, Torts Branch  
 P.O. Box 146  
 Benjamin Franklin Station  
 Washington DC 20044-0146



9590 9402 6261 0265 6171 41

2. Article Number (Transfer from service label)

9589 0710 5270 2743 9062 57

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*[Handwritten Signature]*

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

*Eric Bassal*

**OCT 15 2025**

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Mail Restricted Delivery (0)

USPS TRACKING #  
CAPITAL DISTRICT 208



16 OCT 2025 PM 2 L



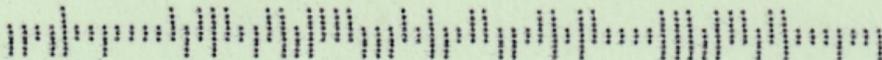
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 6261 0265 6171 41

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Joseph Mallon  
15 N. School Lane  
Souderton, PA 18964



USPS TRACKING#



CAPITAL DISTRICT 208

30 DEC 2025 PM 3 L



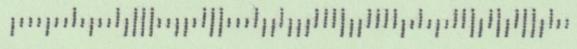
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 9792 5266 0421 96

**United States  
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

Joseph Mallon  
P.O. / Box 474  
Souderton, PA 18964



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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>Eugen [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: U.S. Department of Justice Civil Division, Torts Branch P.O. Box 146 Benjamin Franklin Station Washington, D.C. 20044-0146  9590 9402 9792 5266 0421 96	B. Received by (Printed Name)	C. Date of Delivery  DEC 30 2025
2. Article Number (Transfer from service label) 1589 0710 5270 2743 9140 09	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>Assel</i>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
Domestic Return Receipt		