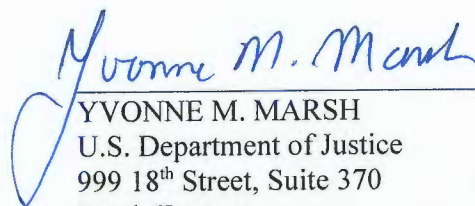


voluntarily waived such service, a copy of the Amended 2003 Complaint, a Request for Waiver of Service of Summons, and two copies of a Waiver of Service of Summons with a prepaid return envelope. The packet also included a letter from the United States explaining the purpose of the forms and to whom and when documents were to be mailed or provided if the defendant chose to respond. The documents were mailed to the defendant's mailing address via certified mail, return receipt requested.

B. The service packet to Linda Bryant and Timothy Bryant (ZRB-4-0474), was mailed to the defendant's address of record. The original Postal Service Form 3811, Domestic Return Receipt was returned signed and dated January 30, 2010. A copy of Postal Service Form 3811 is attached to this declaration.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: November 28, 2012


YVONNE M. MARSH

U.S. Department of Justice
999 18th Street, Suite 370
South Terrace
Denver, CO 80202
(303) 844-1355

Service Packet ERB-4-0474

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Signature X <i>Timothy A. Bryant</i></p> <p>B. Received by (Printed Name) <i>Timothy A. Bryant</i></p> <p>C. Date of Delivery <i>10/10/2010</i></p>
<p>1. Article Addressed to:</p> <p>Linda Bryant and Timothy Bryant 1011 East Maddock Road Pheonix, AZ 85806</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7008 1830 0000 5321 4738</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

