



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

*Diana Williams
131 Calvin Hill Ct
Baltimore, Md. 21212*

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



USPS TRACKING #

5R 8822 0E0E 52T9 2046 0556

United States
Postal Service

*I received on
9-16-23*

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.

Article Addressed to:
*Attorney Erik J. Barran
Office of U.S. Attorney of DC
36 South Charles St
Baltimore, Md. 21202 692*

9590 9402 8175 3030 7788 85



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Erik J. Barran

B. Received by (Printed Name) Addressee
Erik J. Barran

C. Date of Delivery
9/11/23

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

3. Service Type

- Adult Signature Restricted Delivery
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Article Number (Transfer from service label)

9 0710 5270 0655 3261 32

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt