| 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. | A.TSignature/HITE HOUSE OFFICE AVASHINGTON, D. C. 20 Agent Addressee |
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| | B. Received by (Printed Name) C. Date of Delivery APR 2 5 2011 |
| Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| THE WHITE HOUSE The Honorable President Barack Obama 1600 Pennsylvania Avenue | |
| Washington, District of Columbia 20500 United States Republic | 3. Service Type Certified Mail Registered Insured Mail C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| (Transier from Service label) | 870 0002 545% 2964 |
| PS Form 3811, February 2004 Domestic R | eturn Receipt 102595-02-M-1540 |
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | Addressee |
| 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. | B. Received by (Printed Name) C. Date of Delivery |
| 1. Article Addressed to: | D. Is delivery address different from item 1? The Yes If YES, enter delivery address below: |
| STATE OF CONNECTICUT Governor Dannell P. Malloy [210 Capitol Avenue] [HARTFORD CONNECTICUT 06106] | 3. Service Type |
| [HARTI OND CONNECTICUT 00100] | ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| | a modica man a c.c.b. |
| | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Transfer from service label) 7010 18 | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| (Transfer from service label) 7010 18 | 4. Restricted Delivery? (Extra Fee) |
| (Transfer from service label) 7010 18 | 4. Restricted Delivery? (Extra Fee) |
| PS Form 3811, February 2004 Domestic F DER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. | 4. Restricted Delivery? (Extra Fee) Yes 70 0002 5451 2933 Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature |
| (Transfer from service label) 7010 187 PS Form 3811, February 2004 Domestic F DER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete | 4. Restricted Delivery? (Extra Fee) Yes 70 0002 5451 2933 Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature |
| PS Form 3811, February 2004 Domestic F DER: 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 so that we can return the card to you. | 4. Restricted Delivery? (Extra Fee) Yes 70 0002 5451 2933 Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature Agent |
| PS Form 3811, February 2004 Domestic F DER: 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 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: | 4. Restricted Delivery? (Extra Fee) Yes 70 0002 5451 2933 Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature Agent Addressee B. Received by (Printed Name) C. Dáte of Delivery D. Is delivery address different from item 1? Yes |
| PS Form 3811, February 2004 Domestic F DER: 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 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: STATE OF NEW YORK | 4. Restricted Delivery? (Extra Fee) Yes 70 0002 5451 2933 Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes |
| PS Form 3811, February 2004 Domestic F DER: 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 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: STATE OF NEW YORK Governor Andrew M. Cuomo NYS State Capitol Building | 4. Restricted Delivery? (Extra Fee) Yes Peturn Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. 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 |
| PS Form 3811, February 2004 Domestic F DER: 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 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: STATE OF NEW YORK Governor Andrew M. Cuomo | 4. Restricted Delivery? (Extra Fee) Yes 70 0002 5451 2933 Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes |
| PS Form 3811, February 2004 Domestic F DER: 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 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: STATE OF NEW YORK Governor Andrew M. Cuomo NYS State Capitol Building | 4. Restricted Delivery? (Extra Fee) Yes Policia 5451 2933 Return Receipt 102595-02-M-1540 COMPLETE THIS SECTION ON DELIVERY A. Signature X |
| PS Form 3811, February 2004 Domestic F DER: 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 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: STATE OF NEW YORK Governor Andrew M. Cuomo NYS State Capitol Building | 4. Restricted Delivery? (Extra Fee) |

| | COMPLETE THIS SECTION ON DELIVERY |
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| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse | ATSIGNATURE HOUSE OFFICE WASHINGTON, D. C. 20 Agent Addressee |
| 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. | B. Received by (Printed Name) C. Date of Delivery APR 2 5 2011 |
| . Article Addressed to: | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| THE WHITE HOUSE. The Honorable President Barack Obama 600 Pennsylvania Avenue Washington, District of Columbia 20500 United States Republic | 3. Service Type Certified Mail Registered Insured Mail C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| . Article Number (Transfer from service label) 7010 1 | 870 0002 5451 2964 |
| S Form 3811, February 2004 Domestic Re | eturn Receipt 102595-02-M-1540 |
| | and the same of th |
| 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. Article Addressed to: | A. Signature A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? If Yes If YES, enter delivery address below: No |
| STATE OF CONNECTICUT Governor Dannell P. Malloy [210 Capitol Avenue] | |
| | 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| [HARTFORD CONNECTICUT 06106] | ☐ Certified Mail ☐ Express Mall ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| [HARTFORD CONNECTICUT 06106] 2. Article Number (Transfer from service label) 7010 18 | □ 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) PS Form 3811, February 2004 Domestic F DER: 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 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. | ☐ 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) PS Form 3811, February 2004 Domestic F DER: 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 so that we can return the card to you. Attach this card to the back of the mailpiece, | Complete This Section on Delivery Complete This Section on Delivery A. Signature B. Received by (Printed Name) D. Is delivery address different from item 1? Certified Mail Certified Mail Express Mail Return Receipt for Merchandise 102595-02-M-1540 Complete This Section on Delivery A. Signature X Agent Agent Addressee B. Received by (Printed Name) C. Date of Delivery If YES, enter delivery address below: No No |
| 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic F DER: 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 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: STATE OF NEW YORK Governor Andrew M. Cuomo NYS State Capitol Building [ALBANY NY 12224] | Complete This Section on Delivery Complete This Section on Delivery A. Signature B. Received by (Printed Name) C. Date of Delivery |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| Complete items 1, 2, and 3. Also complete | A/ Signature |
| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | X Addressee |
| 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. | B. Received by (Printed Name) C. Date of Delivery |
| Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | CAPITALPOSTOFFICE |
| STATE OF NEW JERSEY | STATEOFN.) |
| Governor Chris Christie | ABATEMAN ABOR. |
| TPO Box 0011 | 3. Service Type |
| [TRENTON NJ 08625] | ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| . Article Number 7008 0150 | 0003 1912 6243 |
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| Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | X Agent Addressee |
| so that we can return the card to you. Attach this card to the back of the mailpiece, | B. Received by (Printed Name) C. Date of Delivery |
| or on the front if space permits. | D. Is delivery address different from term 1? Yes |
| . Article Addressed to: | D. Is delivery address different from item 17 Yes If YES, enter delivery address below: |
| | APR 1 8 2011 |
| STATE OF NORTH CAROLINA | |
| Governor Bev Perdue | Folin DeSant |
| riic West Jones Street | 3. Service Type |
| [RALEIGH NORTH CAROLINA 27603] | ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise |
| | ☐ Insured Mail ☐ C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| . Article Number (Transfer from service label) 7010 18 | 370 0002 5451 2957 |
| S Form 3811, February 2004 Domestic Ro | eturn Receipt 102595-02-M-154 |
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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| Complete items 1, 2, and 3. Also complete | A. Signature |
| item 4 if Restricted Delivery is desired. Print your name and address on the reverse | X Agent |
| so that we can return the card to you. | B. Received by (Printed Name) C. Date of Delivery |
| Attach this card to the back of the mailpiece, or on the front if space permits. | 100 10 2011 |
| . Article Addressed to: | D. Is delivery address different from item 1? Yes |
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| Conitol | 3. Service Type |
| tate Capitor | ☐ Certified Mail ☐ Express Mail |
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| P.O. Box 83720 BOISE IDAHO 83720] | ☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| O. Box 83720 BOISE IDAHO 83720] | ☐ Insured Mail ☐ C.O.D. |

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| 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. | A. Signature X |
| Article Addressed to: COMMONWEALTH OF PENNSYLVANIA Governor Tom Corbett Commonwealth Devilding Commonwealth Devilding Commonwealth Devilding Commonwealth Devilding Commonwealth Devilding Commonwealth Devilding | D. Is delivery address different from item 1? |
| [225 Main Capitol Building] [HARRISBURG PA 17120] | 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. |
| O Anticle Museum | 4. Restricted Delivery? (Extra Fee) Yes |
| 2. Article Number (Transfer from service label) 7010 18 | 70 0002 5451 2940 |
| PS Form 3811, February 2004 Domestic Re | eturn Receipt 102595-02-M-1540 |
| | |

The Great Seal National Association of Moorish Affairs Quinnehtekqut Territory [c/o 141 Weston Steet #1145] [Near Corporate HARTFORD CONNECTICUT 06143]



United States Justice Department United States Attorney General Eric H. Holder Jr. 950 Pennsylvania Avenue, NW Washington, District of Columbia 20530-0001

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CH-1201 Geneva, Switzerland

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Secretary Ray LaHood [1200 New Jersey Ave, SE] [WASHINGTON DC 20590] U.S. Department of Transportation

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