DOCKET NO. 04-319

ORDER DATED 8/18/04
FEC DA 04-951
MIMEOGRAPH NO.

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

NAME: 04-319
Gary S. Smithwick Esq.
Smithwick & Belendiuk
5028 Wisconsin Ave.
Suite 301
Washington, DC 20016

C. R. R. NO. .....

BY .....

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7002 0510 0003 8378 8310

Postage	$ .60
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.55
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 4.45

HYATTSVILLE PARK MD 20781
AUG 13 2004
USPS

Postmark Here

Sent To: GARY S. SMITHWICK
Street, Apt. No.; or PO Box No.: 5028 WISCONSIN AVE #301
City, State, ZIP+4: WASHINGTON DC 20016

PS Form 3800, June 2000 See Reverse for Instructions

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 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:

04-319
Gary S. Smithwick Esq.
Smithwick & Belendiuk
5028 Wisconsin Ave.
Suite 301
Washington, DC 20016

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): GARY SMITHWICK
B. Date of Delivery: 8/16/04
C. Signature: X
☐ Agent
☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

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 (Copy from service label) 7002 0510 0003 8378 8310

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952