

1 From Please print and press hard.

Date **06072013** Sender's FedEx Account Number

Sender's Name **Orly Tait** Phone **949 683 5411**

Company **Law Office of Orly Tait**

Address **29839 S. Margarita St 100** Dept./Floor/Suite/Room

City **RSM** State **CA** ZIP **92688**

2 Your Internal Billing Reference
First 24 characters will appear on invoice.

3 To Recipient's Name **Clerk of the Court** Phone **202 354 3000**

Company **US District Court**

Address **333 Constitution Ave NW** HOLD Weekday
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room
Address **Washington** HOLD Saturday
Use this line for the HOLD location address or for continuation of your shipping address. Dept./Floor/Suite/Room
City **Washington** State **DC** ZIP **20001**

4 Express Package Service *To most locations. **Packages up to 150 lbs.**
NOTE: Service order has changed. Please select carefully. For packages over 150 lbs., use the new FedEx Express Freight US Airbill.

Next Business Day

FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Priority Overnight
Next business morning * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight
Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

FedEx 2Day A.M.
Second business morning.* Saturday Delivery NOT available.

FedEx 2Day
Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver
Third business day.* Saturday Delivery NOT available.

5 Packaging *Declared value limit \$500.

FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling and Delivery Signature Options

SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required
Package may be left without obtaining a signature for delivery.

Direct Signature
Someone at recipient's address may sign for delivery. **Fee applies.**

Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. **Fee applies.**

Does this shipment contain dangerous goods?

One box must be checked.

No Yes As per attached Shipper's Declaration. Yes Shipper's Declaration not required. Dry Ice Dry ice, 9 UN 1845 x kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box. Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

Sender Acct. No. in Section 1 will be billed. Recipient Third Party Credit Card Cash/Check

FedEx Acct. No. Credit Card No. Exp. Date

Total Packages Total Weight Total Declared Value*

lbs. \$.00

*Our liability is limited to US\$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

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Easy new Peel-and-Stick airbill. No pouch needed.
Apply airbill directly to your package. See directions on back.

644

1 From Please print and press hard.

Date **06092013** Sender's FedEx Account Number

Sender's Name **Orly Tait** Phone **949 683 5411**

Company **Law Office of Orly Tait**

Address **29839 S. Margarita St 100** Dept./Floor/Suite/Room

City **RSM** State **CA** ZIP **92688**

2 Your Internal Billing Reference
First 24 characters will appear on invoice.

3 To Recipient's Name **Senator Ayotte** Phone ()

Company

Address **144 Russell South Bldg** HOLD Weekday
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room
Address **Washington** HOLD Saturday
Use this line for the HOLD location address or for continuation of your shipping address. Dept./Floor/Suite/Room
City **Washington** State **DC** ZIP **20510**

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FedEx 2Day
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5 Packaging

FedEx Envelope FedEx Pak FedEx Box FedEx Tube Other

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FedEx Acct. No. Credit Card No. Exp. Date

Total Packages Total Weight Total Declared Value*

lbs. \$.00

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To **Congresswoman Goodlatte**

Street, Apt. No., or PO Box No. **2309 Rayburn**

City, State, ZIP+4 **Washington DC 20515**

0616 966 0001 3566 3410 0001 7009