

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

_____)	
STEPHEN L. BRAGA)	
Plaintiff,)	
)	
v.)	Civil Action No. 1:12-cv-00139-JEB
)	
FEDERAL BUREAU OF INVESTIGATION)	
Defendant.)	
)	
_____)	

PROOF OF SERVICE

I hereby certify that I caused a copy of Plaintiffs' Complaint and related Summonses to be delivered United States Certified Mail to:

U.S. Attorney's Office
555 Fourth Street, N.W.
Washington, D.C. 20001
SERVED: February 22, 2012

Attached hereto as Exhibit A are copies of the United States Postal Service Domestic Return Receipts as Proof of Service and Costs.

Dated: March 16, 2012

Respectfully submitted,

 /s/ Stephen L. Braga
STEPHEN L. BRAGA
(DC Bar No. 366727)
ROPES & GRAY LLP
700 12th Street, NW,
Suite 900
Washington, DC 20005
(202) 508-4655
stephen.braga@ropesgray.com

EXHIBIT A

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. 		A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>[Signature]</i>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
US Attorney For DC Street Street, NW Washington, DC 20001 555 4th St		<i>[Signature]</i>	FEB 22 2007
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7011 1150 0000 5963 3217		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		Domestic Return Receipt	
		102595-02-M-1540	

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Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 8.60

WASHINGTON, DC 20001
 FEB 22 2007
 Postmark Here

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Street, Apt. No., or PO Box No. *501 Third St NW*

City, State, ZIP+4 *Washington DC 20001*

PS Form 3800, August 2006 See Reverse for Instructions

7011 1150 0000 5963 3217