

**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:

Federal Bureau of Investigation  
935 Pennsylvania Ave., N.W.  
Washington, D.C. 20535  
SERVED: JANUARY 31, 2012

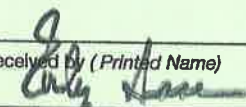
Attached hereto as Exhibit A are copies of the United States Postal Service Domestic Return Receipts as Proof of Service and Costs.

Dated: March 16, 2012

Respectfully submitted,

\_\_\_\_\_/s/ Stephen L. Braga\_\_\_\_\_  
STEPHEN L. BRAGA  
(DC Bar No. 366727)  
ROPES & GRAY LLP  
700 12<sup>th</sup> 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"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X 	
		B. Received by (Printed Name) <i>Only Love</i>	C. Date of Delivery JAN 31 2012
1. Article Addressed to:  Federal Bureau of Investigation 935 Pennsylvania Ave, NW Washington, DC 20535		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7011 1150 0000 5963 3200	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

7011 1150 0000 5963 3200

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

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OFFICIAL USE

Postage	\$ 3.30
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 8.60</b>



Sent To	FBI
Street, Apt. No., or PO Box No.	935 Pennsylvania Ave
City, State, ZIP+4	Washington DC 20535

PS Form 3800, August 2006 See Reverse for Instructions