UNITED STATES DISTRICT COURT DISTRICT OF MINNESOTA

Plaintiff.

MATTHEW D. GUERTIN

Guse 110. 2

Case No: 24-cv-02646-JRT-DLM

v.

HENNEPIN COUNTY, a municipal entity;

KEITH ELLISON, in his official

capacity as Minnesota Attorney General;

MARY MORIARTY, in her official capacity as Hennepin County Attorney;

CHELA GUZMAN-WEIGART, in her official capacity as Assistant County Administrator for Law, Safety, and Justice;

JULIA DAYTON-KLEIN, in her individual capacity;

GEORGE F. BORER, in his individual capacity;

DANIELLE C. MERCURIO, in her individual capacity;

DR. JILL ROGSTAD, in her official capacity as Senior Clinical Forensic Psychologist in the Fourth Judicial District;

DR. ADAM MILZ, in his official capacity with Hennepin County Mental Health;

JACQUELINE PEREZ, in her official capacity as Assistant Hennepin County Attorney;

BRUCE M. RIVERS, in his individual capacity.

Defendants.

PLAINTIFF'S REQUEST FOR ENTRY OF DEFAULT AGAINST DEFENDANT BRUCE M. RIVERS

I. INTRODUCTION

1. Plaintiff, Matthew Guertin, respectfully requests that the Clerk of the Court enter a default against Defendant Bruce M. Rivers pursuant to Rule 55(a) of the Federal Rules of Civil Procedure. This request is made on the grounds that Defendant Rivers has failed to respond to the complaint within the time required by law.

II. BACKGROUND

A. Complaint Filed

Plaintiff filed his Complaint in this action on July 8, 2024, naming Bruce M. Rivers as one of the Defendants. The Complaint was served on Defendant Rivers on July 15, 2024.

B. Service

Proper service was made upon Defendant Rivers, as evidenced by the Affidavit of Service filed with this Court on July 12, 2024. This Affidavit of Service is attached directly to this request as 'Exhibit A'.

C. No Response

Defendant Rivers has failed to file an answer, motion, or otherwise respond to the Complaint within the time period allowed by law, which is 21 days after service of the Complaint.

D. Ongoing Involvement

Despite his failure to respond to the Complaint, Bruce M. Rivers has continued to represent the Plaintiff despite his objection. This is why the Plaintiff can confirm that Bruce Rivers is most certainly aware this Federal Complaint, as he directly acknowledged its existence in open court during the Plaintiff's July 16, 2024 review hearing that took place at 1:30 PM in addition to making many mentions of it directly to the Plaintiff.

III. LEGAL STANDARD

Under Rule 55(a) of the Federal Rules of Civil Procedure, the Clerk of Court must enter a default against a party who has failed to plead or otherwise defend against a complaint within the time required by law.

IV. REQUEST FOR ENTRY OF DEFAULT

Based on the above, Plaintiff respectfully requests that the Clerk of the Court enter a default against Defendant Bruce M. Rivers for failure to respond to the Complaint within the time prescribed by law.

V. ATTACHED EXHIBITS

Exhibit A:

Plaintiff's July 12, 2024 Affidavit of Service which includes USPS express mail receipt scan, and tracking number.

Exhibit B:

USPS Online Tracking page which confirms that Bruce Rivers personally signed for the delivery of Plaintiff's Complaint on July 15, 2024 at 9:32 AM.

VI. CONCLUSION

For the reasons stated above, Plaintiff respectfully requests that the Court grant this Request for Entry of Default against Defendant Bruce M. Rivers, noting his failure to participate in the proceedings in accordance with the Federal Rules of Civil Procedure.

Dated: August 14, 2024 Respectfully submitted,

/s/ Matthew D. Guertin

Matthew David Guertin
Pro Se Plaintiff
1075 Traditions Ct.
Chaska, MN 55318
Telephone: 763-221-4540
MattGuertin@protonmail.com

www.MattGuertin.com

UNITED STATES DISTRICT COURT DISTRICT OF MINNESOTA

MATTHEW D. GUERTIN

Plaintiff,

v.

HENNEPIN COUNTY, a municipal entity; KEITH ELLISON, in his official capacity as Minnesota Attorney General MARY MORIARTY, in her official capacity as Hennepin County Attorney;

CHELA GUZMAN-WEIGART, in her official capacity as Assistant County Administrator for Law, Safety, and Justice;

JULIA DAYTON-KLEIN, in her individual capacity;

GEORGE F. BORER, in his individual capacity;

DANIELLE C. MERCURIQ in her individual capacity;

DR. JILL ROGSTAD, in her official capacity as Senior Clinical Forensic Psychologist in the Fourth Judicial District;

DR. ADAM MILZ, in his official capacity with Hennepin County Mental Health;

JACQUELINE PEREZ, in her official capacity as Assistant Hennepin County Attorney;

BRUCE M. RIVERS, in his individual capacity.

Defendants.

Case No: 24-cv-02646-JRT-DLM



PLAINTIFF'S AFFIDAVIT OF SERVICE

AFFIDAVIT OF SERVICE

Matthew D. Guertin, County of Carver, in the State of Minnesota, being duly sworn states that on July 11, 2024, he served a copy of the Plaintiff's:

- 1. COMPLAINT
- 2. EMERGENCY MOTION FOR TEMPORARY RESTRAINING ORDER AND IMMEDIATE HEARING; AND ALL ATTACHED EXHIBITS
- 3. CIVIL COVER SHEET
- 4. COMPLETE LIST OF DEFENDANTS

on the following parties, by mailing one (1) copy of each document listed above, enclosed in a USPS Priority Mail Express, Flat Rate Envelope, postage prepaid, and by depositing the same in the United States mail, directed to the following at their address:

| DR. JILL ROGSTAD DR. | ADAM MILZ |
|----------------------|-----------|

Clinical Forensic Psychologist Hennepin County Mental Health

Hennepin County Government Center Hennepin County Government Center

300 South Sixth Street 300 South Sixth Street
Minneapolis, MN 55487 Minneapolis, MN 55487

USPS TRACKING - EI993543474US USPS TRACKING - EI993543443US

REFEREE DANIELLE C. MERCURIO REFEREE GEORGE F. BORER

Hennepin County Government Center Hennepin County Government Center

300 South Sixth Street 300 South Sixth Street

Minneapolis, MN 55487 Minneapolis, MN 55487

USPS TRACKING - EI993543488US USPS TRACKING - EI993543491US

JUDGE JULIA DAYTON KLEIN

Hennepin County Government Center

300 South Sixth Street

Minneapolis, MN 55487

USPS TRACKING - EI993543514US

KEITH ELLISON

Minnesota Attorney General

445 Minnesota Street, Suite 900

St. Paul, MN 55101-2127

USPS TRACKING - EI993543505US

BRUCE RIVERS

Rivers Law Firm, P.A.

701 4th Ave S, Suite 300

Minneapolis, MN 55415

USPS TRACKING - EI993542876US

JACQUELINE PEREZ

Assistant Hennepin County Attorney

C-2000 Government Center

300 South Sixth Street

Minneapolis, MN 55487

USPS TRACKING - EI993542880US

MARY MORIARTY

Hennepin County Attorney

C-2000 Government Center

300 South Sixth Street

Minneapolis, MN 55487

USPS TRACKING - EI993542902US

CHELA GUZMAN-WEIGART

Assistant County Administrator

A2303 Government Center

300 South 6th Street

Minneapolis, MN 55487

USPS TRACKING - EI993542893US

HENNEPIN COUNTY

A Municipal Entity

A2303 Government Center

300 South 6th Street

Minneapolis, MN 55487

USPS TRACKING - EI993543457US

I DECLARE UNDER PENALTY OF PERJURY THAT EVERYTHING I HAVE STATED IN THIS DOCUMENT IS TRUE AND CORRECT. Minn. Stat. § 358.116

Dated: July 12, 2024 Respectfully submitted,

/s/ Matthew D. Guertin

Matthew David Guertin
Pro Se Plaintiff
1075 Traditions Ct.
Chaska, MN 55318
Telephone: 763-221-4540
MattGuertin@protonmail.com
www.MattGuertin.com

| | POSTAL SERVICE ® | PRIORITY MAIL EXPRESS® | | | | | |
|----------------|---|--|--|--|--|---|--|
| | Matthew D. Guerti | 21-4540 N | PAYMENT BY ACCOU | EI 773 | 543 | 474 02 | |
| | 1075 Traditions C |] . | Federal Agency Ad | ct. No. or Postal Ser | vice™ Acct. N | 0. | |
| | Chaska, MN 5531 | 8 | ORIGIN (POSTAL SERV | ICE USE ONLY) | | | |
| | | | DO ZIP Code | Scheduled Delive | ry Date | Military Postage | ☐ DPO |
| | DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signa Requires the addressee's signature; OR 2) Purchases additional insurance; (| ture Required box if the mailer: 1) | | (MM/DD/YY) | | \$ | |
| | Purchases Return Rocepit service. If the box is not checked, the Postal Service mail receptacle or other secure location without attempting to obtain the addre Delivery Options No Saturday Delivery (delivered next business day) | will leave the item in the addressee's | Date Accepted (MM/DD/YY) | Scheduled Delive | ry Time | Insurance Fee | COD Fee |
| NS | Sunday/Holiday Delivery Required (additional fee, where avai "Refer to USPS.com" or local Post Office" for availability. TO: (PLEASE PRINT) | _ | Time Accepted | | | Return Receipt Fee | Live Animal Transportation Fee |
| 42h | Dr. Jill Rogstad Phone)- Clinical Forensic Psycholog Hernepin County Government 300 South 6 th Street | ıst | Special Handling/Fragile | Sunday/Holiday P | remium Fee | Total Postage & Fee | 95 |
| t ₃ | Henrepin County Government 300 South 6 th Street Minneapolis, MN 5548 | Center 7 | Weight ☐ Flat Rat | e Acceptance Empl | oyee Initials | \$ | |
| 93 5 | zip+4° (U.S. ADDRESSES ONLY) 5 5 4 8 7 - | | DELIVERY (POSTAL SE Delivery Attempt (MM/DD/YY) | CONTRACTOR OF THE PARTY OF THE | Employee 8 | Signature | |
| I 9 | For pickup or USPS Tracking™, visit USPS.com or call \$100.00 insurance included. | 800-222-1811. | Delivery Attempt (MM/DD/YY) | Time AM | Employee \$ | Signature | |
| | UNITED STATES | PRIORITY MAIL EXPRESS® | | EI 993 | 543 | ZU 644 | |
| | FROM: PLEASE PRINT) PHONE (763) 2 Matthew D. Guer- | 21-4540 HM | | | | | |
| | 1075 Traditions CH | | PAYMENT BY ACCOU Federal Agency Acc | NT (if applicable t. No. or Postal Serv |) ice™ Acct. No | | |
| | Chaska, MN 5531 | 1 | PAYMENT BY ACCOU Federal Agency Acc | t. No. or Postal Serv |) ice™ Acct. No | | |
| | | 8 | Federal Agency Acc | t. No. or Postal Serv CE USE ONLY) 2-Day Scheduled Deliver | ice™ Acct. No | Military Postage | □ DPO |
| | ChuSka / MN 553 I | ure Required* box if the mailer: 1) B 3) Purchases COD service: OR 4) | Federal Agency Acc ORIGIN (POSTAL SERVI | t. No. or Postal Serv CE USE ONLY) 2-Day Scheduled Deliver (MM/DD/YY) | y Date | Military Postage | |
| | DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The maller must check the "Signat Requires the addressee's signature; OR 2) Purchases additional insurance; Or Purchases Return Receipt service. If the box is not checked, the Postal Service mail recopiated or other secure becains without attempting to obtain the addressed believery Options No Saturday Delivery (delivered next business day) | ure Required' box if the mailer: 1) R 3) Purchases COD service; OR 4) will leave the tiern in the addressee's ssee's signature on delivery. | Federal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code Date Accepted (MM/DD/YY) | t. No. or Postal Serv CE USE ONLY) 2-Day Scheduled Deliver | y Date | Military Postage \$ Insurance Fee \$ | COD Fee |
| Sn | DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signat Requires the addressee's signature; OR 2) Purchases additional insurance, Curchases Return Receipt service, if the box is not checked, the Postal Service mail receptace or other secure location without attempting to obtain the addressee's Survival Political Control of the Control of | use Required" box if the mailer: 1) R 3) Patchases COD service: OR 4) will leave the term in the addressee's see's signature on delivery. | Federal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code Date Accepted (MM/DD/YY) Time Accepted AM | t. No. or Postal Service (No. or Postal Servi | y Date | Military Postage S Insurance Fee S Return Receipt Fee S | COD Fee \$ Live Animal Transportation Fee \$ |
| SO Ehh | DELIVERY OPTIONS (Customer Use Only) SIGNATURE RECUIRED Note: The mailer must check the "Signat Requires the addressee's signature; OR 2) Purchases additional insurance; Or 2) Purchases Return Receipt service, if the box is not checked, the Postal strong mail receptacle or other secure location without attempting to obtain the addressee's Sunday/Holiday Delivery (delivered next business day) Sunday/Holiday Delivery (delivered next business day) Refer to USPS.com® or local Post Office " for availability. TO: (PLEASE PRINT) PHONE () | ure Required" box if the mailer: 1) R 3) Purchases COD service; OR 4) will leave the tiern in the addressee's ssee's signature on delivery. | Federal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code Date Accepted (MM/DD/YY) Time Accepted Am PM Special Handling/Fragile | CE USE ONLY) 2-Day Scheduled Deliver (MM/DD/YY) Scheduled Deliver 6:00 PM Sunday/Holiday Pr | y Date y Time the emium Fee | Military Postage \$ Insurance Fee \$ Return Receipt Fee | COD Fee \$ Live Animal Transportation Fee \$ |
| ## E | DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signal Requires the addressee's signature; OR 2) Purchases additional insurance, Curchases Return Receipt service, if the box is not checked, the Postal Service mail receptace or other secure location without attempting to obtain the addres Delivery Options No Saturday Delivery delivered next business day) Sunday/Holiday Delivery Required (additional fee, where avail "Refer to USPS.com" or local Post Office" for availability. TO: (PLEASE PRINT) Dr. Adam Mil Z Hennepin Courty Meutal He Hennepin Courty Saturday Courtment | Bure Required" box if the mailer: 1) R 3) Purchases COD service; OR 4) Will leave the tien in the addressee's ssee's signature on delivery. able*) al +4 - Cewter | Federal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code Date Accepted (MM/DD/YY) Time Accepted AM PM Special Handling/Fragile \$ Weight Plat Rate ibs. ozs. | L. No. or Postal Service. CE USE ONLY) 2-Day Scheduled Deliver 3-CHECK ONLY Scheduled Deliver 4-CHECK ONLY Scheduled Deliver 5-CHECK ONLY Scheduled Deliver | y Date y Time the emium Fee initials | Military Postage S Insurance Fee S Return Receipt Fee S | COD Fee \$ Live Animal Transportation Fee \$ |
| # | DELIVERY OPTIONS (Customer Use Only) SIGNATURE RECUIRED Note: The mailer must check the "Signat Requires the addressee's signature; OR 2) Purchases additional insurance; Or 2) Purchases Return Receipt service, if the box is not checked, the Postal strong mail receptacle or other secure location without attempting to obtain the addressee's Sunday/Holiday Delivery (delivered next business day) Sunday/Holiday Delivery (delivered next business day) Refer to USPS.com® or local Post Office " for availability. TO: (PLEASE PRINT) PHONE () | G ure Required" box if the mailer: 1) R.3) Purchases COD service: OR 4) will leave the Item in the addressee's see's signature on delivery. able*) Al +L Cewter | Federal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code Date Accepted (MM/DD/YY) Time Accepted AM PM Special Handling/Fragile \$ Weight Flat Rate | L. No. or Postal Service L. No. or Postal Service L. No. or Postal Service L. CE USE ONLY) 2-Day Scheduled Deliver (MMDD/YY) Scheduled Deliver 6:00 PM Sunday/Holiday Pr | y Date y Time the emium Fee initials | Military Postage S Insurance Fee S Return Receipt Fee S Total Postage & Fee S | COD Fee \$ Live Animal Transportation Fee \$ |

| | UNITED STΔTES PRIORITY MAIL EXPRESS® | | EI 993 | 543 | ZU BBP | |
|--|--|--|---|-----------------------------|--|--|
| | FROM: (PLASE PRINT) PHONE (763), 221-4540 Matthew D. Gvertin 1075 Traditions Ct. | PAYMENT BY ACCOU Federal Agency Ac | NT (if applicable | e) | ю. | |
| | Chasta, MN 55318 | | | Water to the same | | |
| | Charles, MIN 50 51 0 | ORIGIN (POSTAL SERV | CE USE ONLY) | | Military | □ DPO |
| | | PO ZIP Code | Scheduled Delive | ry Date | Postage | |
| | DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1; | | (MM/DD/YY) | | \$ | |
| | Requires the addressee's signature; Or 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4 Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's |) | Scheduled Delive | ny Timo | Insurance Fee | COD Fee |
| | mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery. Delivery Options | Date Accepted (MINI/DD/11) | 6:00 PM | ny rano | | |
| - | ☐ No Saturday Delivery (delivered next business day) ☐ Sunday/Holiday Delivery Required (additional fee, where available*) | | | | \$ | \$ |
| [] | *Refer to USPS.com* or local Post Office** for availability. | Time Accepted | | | Return Receipt Fe | e Live Animal Transportation Fee |
| S | TO: (PLEASE PRINT) PHONE () | □PN | | | \$ | \$ |
| en. | Referee Danielle C. Mercurio Hennepin County Government Center 300 South 6th Street | Special Handling/Fragile | Sunday/Holiday P | remium Fee | Total Postage & F | ees |
| 488 | Hennesin County Consomert Center | \$ | \$ | | | |
| | 1200 Carl 1 + 51000 + | Weight ☐ Flat Rat | e Acceptance Empl | oyee Initials | | |
| Ш | 300 SOUTH 63 STICES | lbs, ozs. | | | | |
| 54 | Minneapolis, MN 55487 | DELIVERY (POSTAL SE | RVICE USE ONL | Y) | | |
| - | ZIP + 4° (U.S. ADDRESSES ONLY) | Delivery Attempt (MM/DD/YY) | Time | Employee | Signature | |
| 8 | 3 3 9 8 1 | | □ PM | 1 | | |
| | ■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811. | Delivery Attempt (MM/DD/YY) | Time | Employee | Signature | |
| H | ■ \$100.00 insurance included. | | □РМ | | | |
| لبا | PEEL FROM THIS CORNER | LABEL 11-B, NOVEMBER 20 | 23 PSN 7690- | 02-000-9996 | | |
| | | | | | | |
| | UNITED STATES PRIORITY MAIL POSTAL SERVICE EXPRESS* | | ET 993 | 542 | 211 [84 | |
| | CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763), 221-4540 Mathew D. Cruertin | PAYMENT BY ACCOU | | | - ZU 18- | |
| | POSTAL SERVICE MAIL EXPRESS CUSTOMER USE ONLY FROM: (PLASE PRINT) PHONE (763), 221-4540 Mathew D. Cruertin 1075 Traditions Ct. | | NT (if applicable | e) <u>*</u> | 49] US | |
| | POSTAL SERVICE MAIL EXPRESS CUSTOMER USE ONLY FROM: (PLASE PRINT) PHONE (763), 221-4540 Mathew D. Cruertin 1075 Traditions Ct. | Federal Agency Acc | NT (if applicable st. No. or Postal Serv | e) <u>*</u> | 49] US | |
| | CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763), 221-4540 Mathew D. Cruertin | | NT (if applicable st. No. or Postal Serv | e) <u>*</u> | 49] US | □ DPO |
| | POSTAL SERVICE MAIL EXPRESS* CUSTOMER USE ONLY FROM: PLEASE PRINT) PHONE (763), 221-4540 Mathew D. Cruertin 1075 Traditions Ct. Chaska, MN 55318 | Federal Agency Acc | NT (if applicable at. No. or Postal Serv CE USE ONLY) 2-Day Scheduled Deliver | e) lice™ Acct. N | | □ DPO |
| | POSTAL SERVICE MAIL EXPRESS CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763, 221-4540 Mathew D. Cruertin 1075 Traditions Ct. Chaska, MN 55318 DELIVERY OPTIONS (Customer Use Only) | Federal Agency Act ORIGIN (POSTAL SERVI | NT (if applicable st. No. or Postal Serv CE USE ONLY) 2-Day | e) lice™ Acct. N | ☐ Military | □ DPO |
| | POSTAL SERVICE ® MAIL EXPRESS® CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763, 221-4540 Mathew D. Cruertin 1075 Traditions Ct. CLaska, MN 55318 DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addresses signature, OR 3) Purchases COD service; OR 4) | Federal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code | NT (if applicable it. No. or Postal Service CE USE ONLY) 2-Day Scheduled Deliver (MM/DD/YY) | ry Date | Military Postage | |
| | POSTAL SERVICE MAIL EXPRESS* CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763, 221-4540 Muthew D. Crvertin 1075 Traditions Ct. Chaska, MN 55318 DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) | Federal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code | NT (if applicable at. No. or Postal Serv CE USE ONLY) 2-Day Scheduled Deliver | ry Date | ☐ Military | □ DPO |
| | CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763), 221-4540 Mathew D. Cvertin 1075 Traditions Ct. Chaska, MN 55318 DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressed's signature: OR 3) Purchases COD service; OR 4) Purchases Return Recoglis service. If the box is not checked, the Postal Service will leave the Item In the addressee's mail recognized or other secure location without attempting to obtain the addressee's signature on delivery. Delivery Options No Saturday Delivery (delivered next business day) | Federal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code Date Accepted (MM/DD/YY) | NT (if applicable It. No. or Postal Serv CE USE ONLY) 2-Day Schoduled Deliver (MM/DD/YY) Scheduled Deliver | ry Date | Military Postage | |
| | CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763), 221-4540 Mathew D. Crvertin 1075 Traditions Ct. Chaska, MN 55318 DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases Additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service, the Postal Service will eave the liem in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery. Delivery Options | Federal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code | NT (if applicable It. No. or Postal Serv CE USE ONLY) 2-Day Schoduled Deliver (MM/DD/YY) Scheduled Deliver | ry Date | Military Postage | COD Fee |
| US STATE OF THE ST | CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763), 221-4540 Mathew D. Cvertin 1075 Traditions Ct. Chaska, MN 55318 DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature: 0.12 Purchases additional insurance; 0.13 Purchases COD service; 0.14 Purchases Return Recognist service. If the box is not checked, the Postal Service will leave the item in the addressee's mail recoplated or other secure boation willout attempting to lobtain the addressee's signature on delivery. Delivery Options No Saturday Delivery (delivered next business day) Sunday/Holiday Delivery Required (additional fee, where available') "Refer to USPS.com" or local Post Office" for availability. | Pederal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code Date Accepted (MM/DD/YY) | NT (if applicable It. No. or Postal Serv CE USE ONLY) 2-Day Schoduled Deliver (MM/DD/YY) Scheduled Deliver | ry Date | Military Postage \$ Insurance Fee \$ | COD Fee |
| | CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763), 221-4540 Mathew D. Cvertin 1075 Traditions Ct. Chaska, MN 55318 DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature: 0.12 Purchases additional insurance; 0.13 Purchases COD service; 0.14 Purchases Return Recognist service. If the box is not checked, the Postal Service will leave the item in the addressee's mail recoplated or other secure boation willout attempting to lobtain the addressee's signature on delivery. Delivery Options No Saturday Delivery (delivered next business day) Sunday/Holiday Delivery Required (additional fee, where available') "Refer to USPS.com" or local Post Office" for availability. | Pederal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code Date Accepted (MM/DD/YY) Time Accepted AM | NT (if applicable It. No. or Postal Serv CE USE ONLY) 2-Day Schoduled Deliver (MM/DD/YY) Scheduled Deliver | ry Date | Military Postage \$ Insurance Fee \$ Return Receipt Fee | COD Fee \$ Live Animal Transportation Fee \$ |
| | CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763), 221-4540 Mathew D. Cvertin 1075 Traditions Ct. Chaska, MN 55318 DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature: 0.12 Purchases additional insurance; 0.13 Purchases COD service; 0.14 Purchases Return Recognist service. If the box is not checked, the Postal Service will leave the item in the addressee's mail recoplated or other secure boation willout attempting to lobtain the addressee's signature on delivery. Delivery Options No Saturday Delivery (delivered next business day) Sunday/Holiday Delivery Required (additional fee, where available') "Refer to USPS.com" or local Post Office" for availability. | Pederal Agency Acc ORIGIN (POSTAL SERVI 1-Dey PO ZIP Code Date Accepted (MM/DD/YY) Time Accepted AM PM Special Handling/Fragile | NT (if applicable t. No. or Postal Serv CE USE ONLY) 2-Day Scheduled Deliver (MM/DD/YY) Scheduled Deliver (MM/DD/YY) | ry Date | Military Postage \$ Insurance Fee \$ Return Receipt Fee | COD Fee \$ Live Animal Transportation Fee \$ |
| | CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763), 221-4540 Mathew D. Cvertin 1075 Traditions Ct. Chaska, MN 55318 DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature: 0.12 Purchases additional insurance; 0.13 Purchases COD service; 0.14 Purchases Return Recognist service. If the box is not checked, the Postal Service will leave the item in the addressee's mail recoplated or other secure boation willout attempting to lobtain the addressee's signature on delivery. Delivery Options No Saturday Delivery (delivered next business day) Sunday/Holiday Delivery Required (additional fee, where available') "Refer to USPS.com" or local Post Office" for availability. | Pederal Agency Acc ORIGIN (POSTAL SERVI 1-Dey PO ZIP Code Date Accepted (MM/DD/YY) Time Accepted AM PM Special Handling/Fregile | NT (if applicable I. No. or Postal Serv CE USE ONLY) 2-Dey Scheduled Deliver (MMDDYY) Scheduled Deliver 6:00 PM Sunday/Holiday Pr | ry Date | Military Postage \$ Insurance Fee \$ Return Receipt Fee | COD Fee \$ Live Animal Transportation Fee \$ |
| | CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763), 221-4540 Mathew D. Cvertin 1075 Traditions Ct. Chaska, MN 55318 DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature: OR 2) Purchases additional insurance, OR 3) Purchases COD service; OR 4) Purchases Relum Receipt service. If the box is not checked, the Postal Sortice will wave the limit in the addressee's mail receptacle or other secure location willout attempting to obtain the addressee's signature on delivery. Delivery Options No Saturday Delivery Required (additional fee, where available') "Refer to USPS.com" or local Post Office" for availability. TO: (PLEASE PRINT) Refer Cecarge F. Borcer Hemep's County Government Center 300 South Lath Street | Pederal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code Date Accepted (MM/DD/YY) Time Accepted AM PM Special Handling/Fragile \$ Weight Flat Rate | NT (if applicable I. No. or Postal Serv CE USE ONLY) 2-Day Scheduled Deliver (MM/DD/YY) Scheduled Deliver 6-00 PM | ry Date | Military Postage \$ Insurance Fee \$ Return Receipt Fee | COD Fee \$ Live Animal Transportation Fee \$ |
| SO TEH | CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763, 221-4540 Mathew D. Cruertin 1075 Traditions Ct. Chaska, MN 55318 DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressed's signature: (P12) Purchases additional insurance; (P13) Purchases COD service: (P14) Purchases Rotum Receipt service. If the box is not checked, the Postal Service will leave the item in the addressed's mail receptate or or other secure location without attempting to obtain the addressed's signature on delivery. Delivery Options No Saturday Delivery (delivered next business day) Sunday/Holiday Delivery Required (additional fie, where available') "Refer to USPS.com" or local Post Office" for availability. TO: (PLEASE PRINT) PHONE (PHONE (PHONE (PHONE (SOUTH STREET SOUTH STREET Ninneapol'; S, MN 55467 | Federal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code Date Accepted (MM/DD/YY) Time Accepted AM PM Special Handling/Fragile \$ Weight Flat Rate Ibs. Ozs. | NT (if applicable I. No. or Postal Serv CE USE ONLY) 2-Dey Scheduled Deliver (MMDD/YY) Scheduled Deliver 6:00 PM Sunday/Holiday Pr \$ Acceptance Emplo | ry Date ry Time emium Fee | Military Postage \$ Insurance Fee \$ Return Receipt Fee | COD Fee \$ Live Animal Transportation Fee \$ |
| Su IPH E43 | CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763), 221-4540 Mathew D. Cvertin 1075 Traditions Ct. Chaska, MN 55318 DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addresses signature: OP 31 Purchases (200 service; OP4) Purchases Rotum Receipt service. If the box is not checked, the Postal Service will ever the library in the addresses and receptable of order secure boaldon willburd attempting to obtain the addresses's signature on dolivery. Delivery Options No Saturday Delivery Required (additional fee, where available') "Refer to USPS.com" or local Post Office" for availability. TO: (PLEASE PRINT) PHONE (Referee George F. Borce Hennep's County Government Center 300 South 6th Street Minneapol; S, MN 55467 ZIP +4" (U.S. ADDRESSES ONLY) | Pederal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code Date Accepted (MM/DD/YY) Time Accepted AM PM Special Handling/Fragile \$ Weight Flat Rate | NT (if applicable t. No. or Postal Serv CE USE ONLY) 2-Day Scheduled Deliver (MMDDYY) Scheduled Deliver 6:00 PM Sunday/Holiday Pr \$ Acceptance Emplo | ry Date ry Time emium Fee | Military Postage \$ Insurance Fee \$ Return Receipt Fee \$ Total Postage & Fe | COD Fee \$ Live Animal Transportation Fee \$ |
| SU IPH EHS E | CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763, 221-4540 Mathew D. Cruertin 1075 Traditions Ct. Chaska, MN 55318 DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressed's signature: (P12) Purchases additional insurance; (P13) Purchases COD service: (P14) Purchases Rotum Receipt service. If the box is not checked, the Postal Service will leave the item in the addressed's mail receptate or or other secure location without attempting to obtain the addressed's signature on delivery. Delivery Options No Saturday Delivery (delivered next business day) Sunday/Holiday Delivery Required (additional fie, where available') "Refer to USPS.com" or local Post Office" for availability. TO: (PLEASE PRINT) PHONE (PHONE (PHONE (PHONE (SOUTH STREET SOUTH STREET Ninneapol'; S, MN 55467 | Federal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code Date Accepted (MM/DD/YY) Time Accepted AM PM Special Handling/Fragile \$ Weight Flat Rate Ibs. 028. DELIVERY (POSTAL SE | NT (if applicable I. No. or Postal Serv CE USE ONLY) 2-Day Scheduled Deliver (MM/DD/YY) Scheduled Deliver 6-00 PM Sunday/Holiday Pr \$ Acceptance Emplo | ry Date ry Time emium Fee | Military Postage \$ Insurance Fee \$ Return Receipt Fee \$ Total Postage & Fe | COD Fee \$ Live Animal Transportation Fee \$ |
| Su 164 E43 | CUSTOMER USE ONLY FROM: (PLEASE PRINT) PHONE (763), 221-4540 Mathew D. Cvertin 1075 Traditions Ct. Chaska, MN 55318 DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addresses signature: OP 31 Purchases (200 service; OP4) Purchases Rotum Receipt service. If the box is not checked, the Postal Service will ever the library in the addresses and receptable of order secure boaldon willburd attempting to obtain the addresses's signature on dolivery. Delivery Options No Saturday Delivery Required (additional fee, where available') "Refer to USPS.com" or local Post Office" for availability. TO: (PLEASE PRINT) PHONE (Referee George F. Borce Hennep's County Government Center 300 South 6th Street Minneapol; S, MN 55467 ZIP +4" (U.S. ADDRESSES ONLY) | Federal Agency Acc ORIGIN (POSTAL SERVI 1-Day PO ZIP Code Date Accepted (MM/DD/YY) Time Accepted AM PM Special Handling/Fragile \$ Weight Flat Rate Ibs. 028. DELIVERY (POSTAL SE | NT (if applicable I. No. or Postal Serv CE USE ONLY) 2-Dey Scheduled Deliver (MMDD/Y) Scheduled Deliver 6:00 PM Sunday/Holiday Pr \$ Acceptance Emplo | ry Date ry Time emium Fee | Military Postage \$ Insurance Fee \$ Return Receipt Fee \$ Total Postage & Fe | COD Fee \$ Live Animal Transportation Fee \$ |

| | UNITED STATES PRIORITY MAIL EXPRESS® | | | | |
|------|--|---|---|-----------------------|-----------------------------------|
| | FROM: (PLEASE PRINT) PHONE (763), 221-4540 | | EI 993 543 | 514 US | |
| | Mathew D. Guertin | | | | |
| | | PAYMENT BY ACCOUNT | NT (if applicable) t. No. or Postal Service™ Acct. N | lo. | |
| | 1075 Taditlous Ct. | | | | |
| | Chaska, MN 55318 | ORIGIN (POSTAL SERVI | | | |
| | | DO ZIP Code | 2-Day Scheduled Delivery Date | Military Postage | ☐ DPO |
| | DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) | | (MM/DD/YY) | \$ | |
| | Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery. | Date Accepted (MM/DD/YY) | Scheduled Delivery Time | Insurance Fee | COD Fee |
| | Delivery Options No Saturday Delivery (delivered next business day) | | ☐ 6:00 PM | \$ | \$ |
| 0 | Sunday/Holiday Delivery Required (additional fee, where available*) "Refer to USPS.com [®] or local Post Office" for availability. | Time Accepted | | Return Receipt Fee | Live Animal Transportation Fee |
| US | TO: (PLEASE PRINT) PHONE () | Special Handling/Fragile | Sunday/Holiday Premium Fee | \$ Total Postage & Fe | \$ |
| 51,4 | Judge Julia Dayton Klein Hennepin County Government Center 300 South 6th Street | \$ | \$ | | |
| Ľ | Hennepin County Government Center | Weight Flat Rate | Acceptance Employee Initials | | |
| Ę | Minneapolis, MN 55487 | lbs. ozs. | | \$ | |
| 7 | ZIP + 4° (U.S. ADDRESSES ONLY) | DELIVERY (POSTAL SEE Delivery Attempt (MM/DD/YY) | Time Employee | Signature | |
| 993 | 55487 | | □ AM □ PM | | |
| | ■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811. ■ \$100.00 insurance included. | Delivery Attempt (MM/DD/YY) | □ AM | Signature | |
| EI | PEEL FROM THIS CORNER | LABEL 11-B, NOVEMBER 202 | PSN 7690-02-000-9996 | | |
| | UNITED STATES PRIORITY MAIL EXPRESS* | | | | |
| | CUSTOMER USE ONLY FROM: PLEASE PRINT) PHONE (763), 221-4540 Mathew D. Guertin 1075 Traditions Cf. | PAYMENT BY ACCOU Federal Agency Acc | EI 993 543 NT (if applicable) t. No. or Postal Service™ Acct. N | | |
| | Chiska, MN 55318 | ODICIN/DOCTAL OCCU | CE HEE ONE W | d., . | |
| | CVUSAM / VVIIV JJJOB | ORIGIN (POSTAL SERVI | 2-Day | Military | □ DPO |
| | DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) | PO ZIP Code | Scheduled Delivery Date (MM/DD/YY) | Postage \$ | |
| | Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery. Delivery Options No Saturday Delivery (delivered next business day) | Date Accepted (MM/DD/YY) | Scheduled Delivery Time 6:00 PM | Insurance Fee | COD Fee |
| 0 | Sunday/Holiday Delivery Required (additional fee, where available*) "Refer to USPS.com* or local Post Office" for availability. | Time Accepted | ξħ | Return Receipt Fee | Live Animal Transportation Fee |
| US | TO: (PLEASE PRINT) PHONE () | Special Handling/Fragile | Sunday/Holiday Premium Fee | \$ Total Postage & Fe | \$ |
| 15 | Keith Ellison Minnesota Attorney General 445 Minnesota Street, Stc. 900 St. Paul, MN 55101 | | e e e e e e e e e e e e e e e e e e e | Total Postage & Pe | 00 |
| 5 | IVIANESOTA ATTORNEY GENERAL | \$ Weight ☐ Flat Rate | Acceptance Employee Initials | - | |
| 543 | CL. Paul NAN/ CEINI | lbs. ozs. | | \$ | |
| 겁 | ZIP + 4° (U.S. ADDRESSES ONLY) | DELIVERY (POSTAL SER | | | |

| UNITED STATES POSTAL SERVICE® | PRIORITY MAIL EXPRESS® | | | | EDE 115 | |
|---|---------------------------------------|---|---------------------------------|------------------|-----------------------|--------------------|
| Matthew D. Gue 1075 Traditions C | 7. | PAYMENT BY ACCOU! Federal Agency Acc | | | 505 US | |
| Chaska, MN 55 | 318 | ORIGIN (POSTAL SERVI | CE USE ONLY) | page Mary | | |
| , | | 1-Day | 2-Day | | Military | ☐ DPO |
| DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Si Requires the addressee's signature; OR 2) Purchases additional insurance | e; OR 3) Purchases COD service; OR 4) | PO ZIP Code | Scheduled Deliver (MW/DD/YY) | ry Date | Postage \$ | |
| Purchases Return Receipt service. If the box is not checked, the Postal Sermal receptacle or other secure location without attempting to obtain the act Delivery Options No Saturday Delivery (delivered next business day) Sunday/Holiday Delivery Required (additional fee, where a | ddressee's signature on delivery. | Date Accepted (MM/DD/YY) Time Accepted | Scheduled Deliver | y Time | \$ Return Receipt Fee | \$ Live Animal |
| *Refer to USPS.com® or local Post Office " for availability. TO: (PLEASE PRINT) PHONE () | | AM | ęn | | \$ | Transportation Fee |
| Keith Fllison | | Special Handling/Fragile | Sunday/Holiday Pr | emium Fee | Total Postage & Fees | |
| Keith Ellison Minnesota Attorney G 445 Minnesota Street | erera | \$ | \$ | | 5 | |
| 445 Minnesota Street | t, Stc. 900 | Weight Flat Rate | Acceptance Emplo | yee Initials | | |
| St. Paul, MN 55101 | | lbs. ozs. | | | \$ | |
| ziP+4° (U.S. ADDRESSES ONLY) 5 5 1 0 1 _ 2 | 127 | DELIVERY (POSTAL SEF Delivery Attempt (MM/DD/YY) | rime □ AM □ PM | () Employee S | ignature | |
| For pickup or USPS Tracking", visit USPS.com or co \$100.00 insurance included. | | Delivery Attempt (MM/DD/YY) 7 | □ AM □ PM | Employee S | ignature | |
| | | I ADEL 11-D MOVEMBED 2022 | DON 7000.0 | 2.000.0006 | | |

993

| | UNITED STATES PRIORITY MAIL EXPRESS | | | | |
|-----|--|-----------------------------|---|--------------------------|--|
| | FROM: (PLEASE PRINT) PHONE (763) 221 - 4540 | | EI 993 54 | 5 9 JP 02 | |
| | Matthew D. Guertin | | | | |
| | 107 T 114 G 21 | PAYMENT BY ACCOU | NT (if applicable) at. No. or Postal Service™ Ac | et No | |
| | 1075 Traditions Ct. | rederal Agency Acc | ii. No. of Postal Service Ac | GL 140. | |
| | Chaska, MN 55318 | | | | Part a Section of the Control of the |
| | | ORIGIN (POSTAL SERVI | CE USE ONLY) | Military | □ DPO |
| | DELLUEDY OPEINO (C. 12-2-11-2 O-LA) | PO ZIP Code | Scheduled Delivery Date (MM/DD/YY) | Postage | |
| | DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: | | | \$ | |
| | Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR. Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the Item in the addressee mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery. | Date Accepted (MM/DD/YY) | Scheduled Delivery Time | Insurance Fee | COD Fee |
| | Delivery Options No Saturday Delivery (delivered next business day) | | ☐ 6:00 PM | \$ | \$ |
| | Sunday/Holiday Delivery Required (additional fee, where available*) *Refer to USPS.com® or local Post Office* for availability. | Time Accepted | | Return Receipt Fe | e Live Animal Transportation Fee |
| 2 | TO: OF CASE DOINT | □ PM | | \$ | \$ |
| | Brue Rivers | Special Handling/Fragile | Sunday/Holiday Premium F | ee Total Postage & F | ees |
| 7 | Divers Law Firm P.A. | s | \$ | | |
| -0 | Rivers Law Firm, P.A. 70) 4th Ave South, Suite 300 | Weight Flat Rate | Acceptance Employee Initia | als | |
| ū | Minneapolis, MN 55415 | lbs. ozs. | | s | |
| 54 | ZIP +4° (U.S. ADDRESSES ONLY) | DELIVERY (POSTAL SE | | | NEWSCHOOL STATE OF |
| m | 55415 | Delivery Attempt (MM/DD/YY) | □ AM | yee Signature | |
| 993 | | Delivery Attempt (MM/DD/YY) | ☐ PM Emplo | yee Signature | |
| | For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811. \$100.00 insurance included. | | □ AM □ PM | , | |
| Н | PEEL FROM THIS CORNER | LABEL 11-B, NOVEMBER 202 | | 996 | |
| | UNITED STATES POSTAL SERVICE MAIL EXPRESS CUSTOMER USE ONLY FROM: PLEASE PRINT) PHONE (763) 221-4540 | | EI 993 54 | 2 8 B D U S | |
| | MA 111 - 10 C | | | | |
| | Matthew D. Guertin 1075 Traditions Ct. | PAYMENT BY ACCOU | | | |
| | 11075 Traditions Ct. | Federal Agency Acc | t. No. or Postal Service™ Ac | ct. No. | |
| | Chaska, MN 55318 | | | | |
| | Chasin / Mile 33316 | ORIGIN (POSTAL SERVI | | | |
| | | PO ZIP Code | 2-Day Scheduled Delivery Date | ☐ Military Postage | □ DPO |
| | DELIVERY OPTIONS (Customer Use Only) | | (MM/DDYY) | \$ | |
| | ☐ SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR - Purchases Hum Receipt service. If the box is not checked, the Postal Service will leave the litem in the addressee | 0 | Cohod and Bullion Time | | Loop Fee |
| | mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery. Delivery Options | Date Accepted (MM/DD/YY) | Scheduled Delivery Time 6:00 PM | Insurance Fee | COD Fee |
| - | □ No Saturday Delivery (delivered next business day) □ Sunday/Holiday Delivery Required (additional fee, where available*) | Time Asserted | | \$ Beturn Resolut For | \$ Live Animal |
| 0 | "Refer to USPS.com" or local Post Office" for availability. | Time Accepted | | Return Receipt Fee | Transportation Fee |
| 2 | TO: (PLEASE PRINT) PHONE () | | | \$ | \$ |
| | Jacqueline Perez PHONE() Assistant Hennepin Country Attorney C-2000 Government Center 300 South 6th Street | Special Handling/Fragile | Sunday/Holiday Premium F | ee Total Postage & Fe | ses) |
| 880 | (-200) Coverament and of | \$ | \$ | | |
| | 200 South Lith Greet | Weight Flat Rate | Acceptance Employee Initia | ds | |
| 巾 | | | | | |

PEEL FROM THIS CORNER

LABEL 11-B, NOVEMBER 2023

□ AM □ PM

PSN 7690-02-000-9996

| | UNITED STATES MAIL EXPRESS | | EI 993 542 | 2U 50P | |
|-----|--|--------------------------|--|--------------------|-----------------------------------|
| | FROM: (PLEASE PRINT) PHONE (763) 22 -4540 | _ | | | |
| | Matthew D. Guertin | | OUNT (if applicable) Acct. No. or Postal Service™ Acct. | No. | |
| | 1075 Traditions Ct. | | | | |
| | Chaska, MN 55318 | ORIGIN (POSTAL SE | RVICE USE ONLY) | | |
| | | DO ZIP Code | 2-Day Scheduled Delivery Date | Military Postage | □ DPO |
| | DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer must check the "Signature Required Re | ler: 1) | (MM/DD/YY) | \$ | |
| | Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service Purchases Return Receit service. If the box is not checked, the Postal Service will leave the item in the addri- mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery. | Date Accepted (MM/DD/Y | Y) Scheduled Delivery Time | Insurance Fee | COD Fee |
| _ | Delivery Options | | 3 | Return Receipt Fee | \$ Live Animal |
| 2 | *Refer to USPS.com® or local Post Office™ for availability. | | AM PM | \$ | Transportation Fee |
| | Mary Moriarty | Special Handling/Fragile | Sunday/Holiday Premium Fee | Ť | |
| 긤 | Hennepin County Attorney | \$ | \$ | | |
| | Hennepin County Attorney C2000 Government Center 300 South 6th Street | Weight Flat | Rate Acceptance Employee Initials | | |
| 545 | Minneapilis MN 55487 | | SERVICE USE ONLY) | \$ | |
| m | TIP+4° (U.S. ADDRESSES ONLY) 5 4 8 7 | Delivery Attempt (MM/DD/ | □ AM | e Signature | |
| 9 | For pickup or USPS Tracking", visit USPS.com or call 800-222-1811. | Delivery Attempt (MM/DD/ | | e Signature | |
| Н | ■ \$100.00 insurance included. | LABEL 11-B, NOVEMBER | □ AM □ PM | | |
| | UNITED STATES POSTAL SERVICE ® PRIORITY M A I L EXPRESS CUSTOMER USE ONLY FROM: (763) 221 - 4540 | | EI 993 542 | ZU EPB | |
| | Matthew D. Guertin | | OUNT (if applicable) Acct. No. or Postal Service™ Acct. | No. | |
| | 1075 Traditions C+ | rederal Agency | PRODUCTION OF POSICE OF PRODUCTION ACCU. | | |
| | Chaska, MN 55318 | ORIGIN (POSTAL SE | RVICE USE ONLY) | | |
| | | DO ZIP Code | Scheduled Delivery Date | Military Postage | ☐ DPO |
| | DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the ma | ler: 1) | (MM/DD/YY) | \$ | |
| | Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addre mai | OR 4)1 | Y) Scheduled Delivery Time G:00 PM | Insurance Fee | COD Fee |
| | ☐ No Saturday Delivery (delivered next business day) ☐ Sunday/Holiday Delivery Required (additional fee, where available*) *Refer to USPS.com* or local Post Office* for availability. | Time Accepted | AM | Return Receipt Fee | Live Animal Transportation Fee |
| S | TO: (PLEASE PRINT) PHONE () | | PM | \$ | \$ |
| ш | Chela Guzman - Wigart Assistant County Alministrator A2303 Government Center 300 South 6th Street MinneyAdis ZEL-4" (U.S. ADDIESSES ONLY) MN 55487 | Special Handling/Fragile | Sunday/Holiday Premium Fee | Total Postage & Fe | es |
| 89 | A2303 Coverment Contor | \$ Weight □ Flat | Rate Acceptance Employee Initials | - | |
| 545 | 300 south 6th Street | lbs. c | izs. | \$ | |
| 5 | Minney Ad IS, MN 55487 | | SERVICE USE ONLY) (Y) Time Employee | e Signature | |
| 8 | 55487 | | □ AM □ PM | | |
| Ğ. | ■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811. | Delivery Attempt (MM/DD/ | ↑ Time Employed | e Signature | |

| | UNITED STATES PRIORITY MAIL EXPRESS° | | | HE3 115 | |
|------|--|---|---|----------------------|-----------------------------------|
| | PHONE (763) 221-4540 Mathew D. Guertin 1075 Traditions Ct. | PAYMENT BY ACCOUN Federal Agency Acct | IT (if applicable) No. or Postal Service** Acct. No. | | |
| | Chaska, MN 55318 | ORIGIN (POSTAL SERVIC | 2-Day | Military | □ DPO |
| | DELIVERY OPTIONS (Customer Use Only) SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addresser's signature: OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) | PO ZIP Code | Scheduled Delivery Date (MM/DD/YY) | \$ | |
| | Precipies the addressee's signature, or you're increase addressee's addressee's signature on delivery. Delivery Options I he box is not checked, the Postal Service will leave the learn in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery. Delivery Options I ho Saturday Delivery (delivered next business day) | Date Accepted (MM/DD/YY) | Scheduled Delivery Time 6:00 PM | Insurance Fee | COD Fee |
| 22 | Sunday/Holiday Delivery Required (additional fee, where available') "Refer to USPS.com" or local Post Office" for availability. TO: (PLEASE PRINT) | Time Accepted | | Return Receipt Fee | Live Animal Transportation Fee |
| 457 | Hennepin County, municipal entity A2303 Government Center 300 South 6th Street | Special Handling/Fragile | Sunday/Holiday Premium Fee | Total Postage & Fees | |
| ΕŢ | | Weight ☐ Flat Rate, | Acceptance Employee Initials | \$ | |
| 93 5 | Minneafolis, MN 55487 ZIP+4° (U.S. ADDRESSES ONLY) 5 5 4 8 7 | DELIVERY (POSTAL SER Delivery Attempt (MM/DD/YY) | ime Employee S | | |
| EI 9 | For pickup or USPS Tracking", visit USPS.com or call 800-222-1811. \$\Bigsim \$100.00 insurance included. | Delivery Attempt (MM/DD/YY) T | □ AM □ PM | Signature | |

| UNITED STATE POSTAL SERVE CHASKA 300 N PINE ST | TES VICE. | EI993542876US Insurance Up to \$100.00 included Total PM Express 1-Day 1 Flat Rate Env | \$0.00 \$30.45 \$30.45 | Flat Rate Env Minneapolis, MN 55487 Flat Rate Signature Requested Scheduled Delivery Date Fri 07/12/2024 06:00 PM Money Back Guarantee | |
|--|------------------------------|--|------------------------------|--|----------------------|
| CHASKA, MN 55318-1941 (800)275-8777 | 10 50 111 | Minneapolis, MN 55487 Flat Rate | | Tracking #: EI993543514US | ** ** |
| 07/11/2024 | 10:50 AM | Signature Requested Scheduled Delivery Date | | Insurance Up to \$100.00 included | \$0.00 |
| Product Qty Unit Price | Price | Fri 07/12/2024 06:00 PM Money Back Guarantee | | Total PM Express 1-Day 1 | \$30.45 \$30.45 |
| PM Express 1-Day 1 Flat Rate Env Saint Paul, MN 55101 Flat Rate Signature Requested Scheduled Delivery Date | \$30.45 | Tracking #: EI993543491US Insurance Up to \$100.00 included Total PM Express 1-Day 1 | \$0.00 \$30.45 \$30.45 | PM Express 1-Day 1 Flat Rate Env Minneapolis, MN 55487 Flat Rate Signature Requested Scheduled Delivery Date Fri 07/12/2024 06:00 PM | |
| Fri 07/12/2024 06:00 PM Money Back Guarantee Tracking #: • Sti993543505US | | Flat Rate Env Minneapolis, MN 55487 Flat Rate Signature Requested | Ψου. 10 | Money Back Guarantee Tracking #: EI993542902US Insurance | \$0.00 |
| Insurance Up to \$100.00 included Total | \$0.00 \$30.45 | Scheduled Delivery Date Fri 07/12/2024 06:00 PM Money Back Guarantee | | Up to \$100.00 fncluded | \$30.45 |
| PM Express_1-Day 1 | \$30.45 | Tracking #: EI993543488US | | Grand Total: | |
| Flat Rate Env Minneapolis, MN 55487 Flat Rate | | Insurance Up to \$100.00 included Total | \$0.00 \$30.45 | Credit Card Remit Card Name: | \$334.95 |
| Signature Requested Scheduled Delivery Date Fri 07/12/2024 06:00 PM Money Back Guarantee Tracking #: E1993543457US | | PM Express 1-Day 1 Flat Rate Env Minneapolis, MN 55487 Flat Rate Signature Requested | \$30.45 | Account #: XXXXXXXXXXXXXX Approval #: 031233 Transaction #: 173 AID: A0000000980840 AL: US DEBIT PIN: Not Required | Chip |
| Insurance Up to \$100.00 included Total PM Express 1-Day 1 | \$0.00 \$30.45 \$30.45 | Scheduled Delivery Date Fri 07/12/2024 06:00 PM Money Back Guarantee Tracking #: EI993543474US | | Save this receipt as evide insurance. For information on insurance claim go to | ence of filing an |
| Flat Rate Env Minneapolis, MN 55487 Flat Rate | | Insurance Up to \$100.00 included Total | \$0.00 \$30.45 | https://www.usps.com/help/c or call 1-800-222-18: | 11 |
| Signature Requested Scheduled Delivery Date Fri 07/12/2024 06:00 PM Money Back Guarantee Tracking #: E1993542893US | | PM Express 1-Day 1 Flat Rate Env Minneapolis, MN 55487 Flat Rate Signature Requested | \$30.45 | Text your tracking number to 20 to get the latest status. Status and Data rates may apply. You visit www.usps.com USPS Tracking. 1-800-222-1811. | u may also |
| Insurance Up to \$100.00 included Total PM Express 1-Day 1 | \$0.00 \$30.45 \$30.45 | Scheduled Delivery Date Fri 07/12/2024 06:00 PM Money Back Guarantee Tracking #: EI993542880US | | Preview your Mail Track your Packages Sign up for FREE @ https://informeddelivery.us | sps.com |
| Flat Rate Env Minneapolis, MN 55415 Flat Rate Signature Requested | | Insurance Up to \$100.00 included Total | \$0.00 \$30.45 | All sales final on stamps and Refunds for guaranteed servio Thank you for your busin | ces only. |
| Scheduled Delivery Date Fri 07/12/2024 06:00 PM Money Back Guarantee Tracking #: EI993542876US | | PM Express 1-Day 1 Flat Rate Env Minneapolis, MN 55487 Flat Rate Signature Requested | \$30.45 | Tell us about your exper Go to: https://postalexperiend or scan this code with your mob | ce.com/Pos |
| Insurance Up to \$100.00 included Total | \$0,00 \$30.45 | Scheduled Delivery Date Fri 07/12/2024 06:00 PM Money Back Guarantee Tracking #: EI993543443US | 40.00 | | |
| | | Insurance Up to \$100.00 included Total | \$0.00 \$30.45 | or call 1-800-410-7420 | ,). |
| | | | | JUEN COASES SOAS | |

UFN: 261650-0318 Receipt #: 840-55530294-1-6319427-2 Clerk: 04

USPS Tracking

Tracking Number:

E1993542876US



Scheduled Delivery by

FRIDAY

12 July 2024

by

6:00pm

Your item was delivered to an individual at the address at 9:32 am on July 15, 2024 in MINNEAPOLIS, MN 55415. The item was signed for by B RIVERS.

Get More Out of USPS Tracking:

USPS Tracking Plus[®]

Delivered

Delivered, Left with Individual

MINNEAPOLIS, MN 55415 July 15, 2024, 9:32 am

See All Tracking History

 $\underline{https://tools.usps.com/go/TrackConfirmAction?tRef=fullpage\&tLc=3\&text28777=\&tLabels=EI993542876US$