In the District Court of the Virgin Islands
Division of St. Thomas and St. John
Civil Number 2002-100
Plaintiff, Therese Barthlette Preese Vs Kmart Corporation Defendant

Plaintiff Motions no further Detours from Kmart Concerning Proposed Jury INstruction

There appears to be a drag race coming on to include a Race we go around the ring situation to delay futher the proceeding if and when and Choosing to amend, delete, file and request supplimental instructions, or change delete said instructions as the circumstances warrants is nothing more or less than stated above.

The attitude is Contagious and could start the begining of another 6 years of delay that which has already been my unfortunate experience. I am unaware as to where this trend of thought of the defendant is taking the Court.

Plaintiff is a person with a qualified disability with Charge of discrimination and Wrongful discharge against the Defendent Jury instructions 1981 and more also to include ADA & ADEA offers a package of choice that is non-discriminto to plaintiff or any other person. The topic of my charge is discrimination. I have found as these areas of federal laws have said a comprehensive protection given. Discrimination is not limited to "race". It is exemplified through policies, behaviors and attitude and directed against the welfare of minority groups, showing partiality or prejudice in treatment ADA represents a package of rights destine to effect

The lives of people with disabilities in many ways. Said jury instruction submitted and filed are both legal and binding they represent employment claims under the American with Disabilities Act. and the Age Discrimination in Employment Act offering the same comprehensive protection and a full package of rights to individuals with disabilities. These same laws instructed me that my rights that is my civil rights are violated and EEOC picked up the restraint allowing me to work in the field of my choice and I have chosen the ADA & ADEA Jury Instructions.

"The responsibility of how broad that spectrum will be, therefore, lies not only with those who develope the rules (Congress) and regulations (Congress) but perhaps more so with those who experience discrimination on a daily basis" (like Plaintiff).

In a world of ridicule Plaintiff Thase Bartlette can count on, in sunshie or rain her federal friends namely ADA, ADEA Civil Rights Act & EEOC The challange ahead is a huge one is my belive for the private employer who did me wrong when it discriminated against me by the name of Kmart and now is posing it appears a serious challenge against said designed.

Certificate of Service

I hereby certify that on this 21st day of June, 2007 I caused a true and correct copy of the No more Detours from Kmart concerning proposed Jury Instruction to Atty. Chan at Dudley Clark & Chan, 9720 Estate Thomas, the copyright St. Thomas, VI 00802

CERTIFIED A TRUE COPY THIS
31st DAY OF October 2007
WILFREDO F. MORALES
CLERK OF THE COURT
BY. [signature]
DEPUTY

In The District Court of The Virgin Islands
Division of St. Thomas and St. John
Civil Number 2002-100
Plaintiff, Ilean Barthlette Prose Vs Kmart Corporation Defendant

Plaintiff Motions no further Detours from Kmart Concerning Proposed Jury Instruction

There appears to be a drag race coming on to include a hoax we go around the ring situation to delay further the proceeding if and when and choosing to amend, delete, file and request supplimental instructions, or change delete said instructions as the circumstances warrants is nothing more or less than stated above.

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RECEIVED & FILED A TRUE COPY THIS 31ST DAY OF October 2007
WILFREDO F. MORALES
CLERK OF THE COURT
BY [signature]
DEPUTY

Enclosure For Your Information

Re: Elaine Bartlett v. Kmart Date: 4/14/06 Our file no.:

The following information is enclosed:

Order dated 4-5-06.

This information is:

☐ Pursuant to your request

☐ Pursuant to our conversation

☐ Just to keep you informed of the progress of this matter. File if desired.

Please contact us if you have questions, comments or desire more information.

ARCHIE JENNINGS, ESQ.
P.O. Box 442
St. Thomas, VI 00804
(340) 776-1577

To: Elaine Bartlett
P.O. Box 7095
St. Thomas, VI 00801

Via: Certified mail

CERTIFIED A TRUE COPY THIS
25th DAY OF October 20 06
WILFREDO F. MORALES
CLERK OF THE COURT
BY _____ DEPUTY

Diane Bartlette
P. O. Box 7095
St. Thomas, VI 00801

I Reopen Sorry.

Chief Judge Curtis Gomez
5500 Veteran's Drive
Suite 310
District Court
St. Thomas, VI 00802

IN THE DISTRICT COURT OF THE VIRGIN ISLANDS
DIVISION OF ST. THOMAS AND ST. JOHN

ILEASE BARTLETTE, Plaintiff,	)	CIVIL NO. 2002-100
vs.	)	ACTION FOR DAMAGES, BREACH OF CONTRACT, DISCRIMINATION AND WRONGFUL DISCHARGE
KMART CORPORATION, Defendant.	)	

STIPULATION FOR SUBSTITUTION OF COUNSEL

IT IS HEREBY STIPULATED AND AGREED TO that the Law Offices of Ogletree, Deakins, Nash Smoak & Stewart, LLC shall be substituted as counsel for Defendant, KMART CORPORATION, in this action in place of the Law Office of Dudley Clark & Chan, L.L.P., and that all pleadings, correspondence and other documents shall be served on Simone R.D. Francis, Esq. of Ogletree, Deakins, Nash, Smoak & Stewart at the below-listed address.

Dated: September 20, 2007

DUDLEY CLARK & CHAN, L.L.P.

/s/ *Bennett Chan*
Bennett Chan, Esq.
9720 Estate Thomas
St. Thomas, V.I. 00802
Tel: (340) 776-7474
Fax: (340) 776-8044
bchan@dudleylaw.com

Dated: September 20, 2007

OGLETREE, DEAKINS, NASH, SMOAK & STEWART, LLC

/s/ *Simone R.D. Francis*
Simone R.D. Francis, Esq.
The Tunick Building, Suite 202
1336 Beltjen Road
St. Thomas, V.I. 00802
Tel: (340) 714-5510
Fax: (340) 714-1245
simone.francis@ogletreedeakins.com

CERTIFIED A TRUE COPY THIS
25th DAY OF October 2007
WILFREDO F. MORALES
CLERK OF THE COURT
BY _____
DEPUTY

CERTIFICATE OF SERVICE

I hereby certify that on this 20th day of September, 2007, I electronically filed the foregoing **Stipulation for Substitution of Counsel** with the Clerk of the Court using the CM/ECF system, which will send a notification of such filing (NEF) to the following:

Ilease Bartlette, *Pro Se*
P.O. Box 7095
St. Thomas, V.I. 00801

/s/ Bennett Chan

Please Docket Doc 3052-3

In The District Court of the Virgin Islands

Division of St. Thomas and St. John

Civil No. 2002-100

Plaintiff Lease Barthlette Pro se Vs. Kmart Corporation Defendent

CERTIFIED A TRUE COPY THIS
31st DAY OF October 2007
WILFREDO F. MORALES
CLERK OF THE COURT
BY: [signature]
DEPUTY

RECEIVED
JUN 21 AM 9:
DISTRICT COURT
ST. THOMAS, V

Motion

Plaintiff Motions Annual Tax Return from Kmart Corp. Defendent from its Store Number 3829 for court usage

Plaintiff motions the Defendent through its Atty. Bennette Chan for Annual Tax Return Copies Covering years 2004, 2005, 2006.

In all fairness the Court need to make informed decisions on its Value, and you are kindly ask again for the third time to present it. On a comprehensive way please make financial quotes in Words and numerical numbers so that its presentation will be justify not only, from my statement but Also yours to the full amount of its Value.

Then please include Kmart's Nations Wide so the Court can see how both Areas are doing financially.

Certificate of Service

I certify that on 6-21-07 a true and exact copy of plaintiff's request for Copies of Annual tax Returns from Store 3829 and Kmart's Nations Wide is again requested and mail to Atty. Chan at Dudley Clark & Chan 9720 Estate Thomas St. Thomas, VI 00802 Return receipt.

In the District Court of the U.S. Virgin Islands
Division of St. Thomas and St. John
Civil #2002-100
Ilene Bartlette Plaintiff & Pro se Vs Kmart Defendant

Dear Clerk of the Court:

In a motion I requested Tay Information from Atty. Bennett Chan on three occasions and requested the Judge to sign and give enforcement for me to get an answer from Atty. Chan that I had written 6-21-07 and had filed some time. Please forward to the Judge if it needs to so that I will no longer be wondering about the document but will take another approach knowing all that had to be done was done then file another motion to address Atty. Chan's failure. Thanks

Sincerely,
Ilene Bartlette

P.S. Since the postponment of my June 18, 07 trial, I have not received a new date please may I receive a date as promised this is a reminder. Thank you!

FILED
2007 OCT 31 P 2:07
CLERK OF THE COURT
DISTRICT COURT OF THE VIRGIN ISLANDS
WILLIAM C. CRAIG
CLERK OF THE COURT
DEPUTY

In The District Court of the Virgin Islands
Division of St. Thomas and St. John
Civil No. 2002-100
Plaintiff Isaac Bartlette Vs Kmar Corporation, Defendant

Plaintiff Motions to grant Date Certain
Acknowledges supplemental Continuance already granted

One day for jury selection is a splendid idea if it pleases the Court. Plaintiff is new to this type of gathering. I am in favor of date certain and granting of rights for the defendant Key Witness and or others to come. I am ready to proceed thanks!
Dated 6-21-07.

CERTIFIED A TRUE COPY
31 DAY OF October 2007
WILFREDO F. MORALES
CLERK OF THE COURT
BY. [signature]
DEPUTY

Certificate of Service

I hereby certify that on 6-21-07, true and exact copies of the foregoing Plaintiff's Motion to grant Date Certain and her Acknowledgment of Supplemental Continuance already granted was mail, return receipt requested to Atty. Bennett Chan of Dudley Clark & Chan 9720 Estate Thomas St. Thomas, VI 00802.

3

I lived a life of 30 years plus years with mental illness to include other physical disabilities. My life has long been at a stand still. We need to bring to an end this long awaited trial as scheduled. I ask the Court to consider my mental disability for to withstand trial I must be in fuller or better mental health at the time of trial. In terms of said mental health none knows what the future holds. Han those facts I come asking the Court to forward to trial CV-2002-100.

Kmart's Motion to dismiss is a legal document covering an assignment Judge Bernard requested me to do from it I was educated and personally thanked him. It was for those reason stated I decided to stay with the Federal Court or our Federal District Court I offered an example telling him if I sent to the Benkrupt Court asking $12,00.00, the Court could send me $12.00 But, if the District Court asks $12,00.00 the obligation to return $12,00.00 is a must. Mentally ill individuals have choices too being mentally ill individual does not equate me to being a fool. The Wisdom of the Judge agreed because it is the truth.

Mediation is not new to atty. Chan. Atty. Potter represented the firm at the Department of Labor I also recall him saying when he appeared for Medati that he had no information and no Authority and I received the scilent treatment. am I to endure that pain again for another 6 long years! God forbi Kmart through their attornies have been wearing me out like a hammer against an Anvil. The Anvil remain The hamer

FILED
2004 October 20
ANTONIO G. MORALES
CLERK OF T COURT
BY DEPUTY

is gone. Taken into consideration all I have written, to subpenas already gone out, my health, the finances the continued stress and stressors, I respectfully approach the Court requesting the scheduled trial set at 9:00 a. on June 18, 07 to move forward since subpenes ha already forwarded to testifies that would become anot stropped financial burden should they come and th is no hearing at this late date Considering Atty. Chan had already 6 long years and a schedule was given to him during our first status Confirence during the month of February 12, 0 It is Plaintiff Elease Bartlette, Prose Makes a Motion that all parties involved in the matte of CV. 2002-100 to appear for trial on June 18, 07 at 9:00 a.m as scheduled and that Defendent's Motion for a Continuance be denied.

CERTIFIED A TRUE COPY THIS
31 DAY OF OCTOBER 20 07
WILFREDO R. MORALES
CLERK OF THE COURT
BY. [signature] DEPUTY

Elease Bartlette 776-0579

In the District Court of the Virgin Islands
Division of St. Thomas and St. John
Civil Number 2002-100
Ilease Bartlette Pro se Vs. Kmart Corporation Defendant

Plaintiff makes a motion to forward CV. 2002-100 to trial
That the Defendant Motion for Continuance be denied

Plaintiff, Ilease Bartlette Pro se is a disabled individual She suffers from mental illness and has other medical conditions. I am humble seeking the Court to support me in this matter. Consider six years of extreem stress and the stressors that has not made my life any easier but multiply and multiply without mercy extreem unhappiness. It is time to move on leaving the ugly past and enter a brighter tomorrow.

I had call Atty. Chan's office on busines and was told that he was on Vacation and that he views his e-mail daily. Atty. Chan should have notified the Court of his planned Vacation or the Moment he knew his son was sick and would cause him to be away but he did not personall nor did he contact his office to notify the Court.

On June 12, 07 I received a notice for Continuance through the Post Office unstamped also by the Court In said information it states Atty. Chan will return to St. Thomas June 11, 07 and that he is impaired with this personal matter and to properly prepare for trial. Atty. Chan had six years like myself the difference is Atty. Chan had several cases bafore this one case. This is my first time pro se and never bafore a plaintiff.

The Case bafore us is CV 2002-100 and I ask the Court to support forwarding it to trial.

40

2

I need to end my suffering with and by the Defendant Kmart. My desire is to lay down, pick up and move on leaving the ugly past behind. I live daily in pain and I want my sorrows to cease. If nothing more is said it is my hope that Atty. Chan understands and that the Court moves in favor to forward CV. 2002-100 to trial on June 18, 07. The long we are asked to continue it puts wear and tear on my Mental health, my finances and with the system change to e-mail you may as well say that I am faced with another hardship that I don't think wi be fair to me in competing against the times we a about to enter. Think about the matter it is alread over 6 years of stress and stressors. I have alreay sent out subpenas that cost me another pretty good amount of cash and I am unemployed by no faul of mine. It was not too long ago Atty. Chan was abou to close me out when he stated that I had conceede During that time I was sick and suffered from un-Controlled elevated blood preasure, high cholisterol, diabetes and those symtoms caused me among other things to become extreemly dizzy for months to prolong in this state could cause even a possibl death I am even now taking pills to control the dizziness to carry me through. I implore the Cou to look at me as a human beign and bring to an end this reality call preasure from the defendan I need to move on with my life. I too have emergen and know and feel compassionate towards the sick

EB 566082525 US

EXPRESS MAIL

UNITED STATES POSTAL SERVICE

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt | Time | Employee Signature

Delivery Attempt | Time | Employee Signature

Delivery Date | Time | Employee Signature

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No.

Federal Agency Acct. No. or Postal Service Acct. No.

WAIVER OF SIGNATURE (Domestic Mail Only; Additional merchandise insurance is void if addressee requests waiver of signature.) I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday

Mailer Signature

ORIGIN (POSTAL SERVICE USE ONLY)

ZIP Code 19801 | Day of Delivery: Next 2nd 3rd Day | Postage $ 16.25

Time Accepted 1 Day 2 Year | Scheduled Date of Delivery: Month 12 Day 14 | Return Receipt Fee $ 2.15

Time Accepted 4:15 PM | Scheduled Time of Delivery: Noon 2 PM | COD Fee $ | Insurance Fee $

Rate or Weight 5 lbs 0 ozs | Military: 2nd Day 3rd Day | Total Postage & Fees $ 18.40

Int'l Alpha Country Code X | Acceptance Employee Initials

FROM: (PLEASE PRINT) PHONE ( )

Lease Bartlette
P.O. Box 7095
St. Thomas, VI 00801

TO: (PLEASE PRINT) PHONE ( )

Kmart Management Corp
3100 W Big Beaver Rd.
Troy MI 48084-3163

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES)

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING
www.usps.com
1-800-222-1811

EMS

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:
Kmart C/o Trumbull
P.O. Box 426
Windsor, CT
06095

2. Article Number (Transfer from service label) 7005 0390 0003 2233 9400

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent Addressee

B. Received by (Printed Name) C. Date of Delivery 12/14/07

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

Return Receipt

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:
Kmart Management Corp.
3100 W Big Beaver Rd.
Troy MI 48084-3163

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent Addressee

B. Received by (Printed Name) C. Date of Delivery 12-14-07

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 (Transfer from service label) EB 566082525US

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Return Receipt

Lease Bartlette

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

	)	Chapter 11
In re:	)	
	)	Case No. 02 B 02474
KMART CORPORATION,	)	
	)	Honorable Susan Pierson Sonderby
Debtor.	)	
	)	Status Hearing Date: March 17, 2009
	)	Status Hearing Time: 11:00 a.m. (CDT)

NOTICE OF STATUS HEARING ON LETTER
REGARDING CLAIM FILED BY ILEASE BARTLETTE

To: Ilease Bartlette
P.O. Box 7095
St. Thomas, VI 00801

PLEASE TAKE NOTICE that a status hearing will be held on March 17, 2009 at 11:00 a.m. (CDT) on the "Letter Regarding Claim" you filed on March 10, 2009 (Docket No. 31891) regarding your Claim No. 45327 in the Kmart bankruptcy case. The status hearing will take place before the Honorable Susan Pierson Sonderby, Courtroom 642, United States Courthouse, 219 S. Dearborn, Chicago, Illinois, 60604.

If you would like to request to appear telephonically at the status hearing, please contact Mark Mackowiak of the law firm below at 312-629-5187 as well as Judge Sonderby's courtroom deputy at 312-435-5647.

By: /s/ William J. Barrett
William J. Barrett (ARDC No. 6206424)
BARACK FERRAZZANO KIRSCHBAUM
& NAGELBERG LLP
200 West Madison Street, Suite 3900
Chicago, IL 60606
Phone: (312) 629-5170
Facsimile: (312) 984-3150
william.barrett@bfkn.com

Counsel for Kmart Corporation

Complete Psychiatric Evaluation

Pt: Ilease Bartlette **October 16, 2002**
DOB: 12/17/45

Identifying Information:
Mrs. Bartlette is a 56-y. o. married black West Indian woman who is originally from St. Kitts. She has been in treatment via the Division of Mental Health at Barbel Plaza sporadically since 1977. Mrs. Bartlette has been an active participate with mental health advocacy groups over the years.

Referral Source:
The pt was referred by Mr. Smith, department psychotherapist for a complete evaluation in support of her request for an assessment for a mental "disability". Overall the pt was self referred, noting she has seen Dr. Mattsson and Dr. LaPenna regarding this evaluation.

History of Presenting Illness (HPI):
Mrs. Bartlette presented alone for today's evaluation. Her chart was reviewed and Mr. Smith provided a brief presentation of her psychiatric history. Per Mrs. Bartlette, "my attorney needs a psychiatrist to say I'm disabled" and she proceeded t o discuss her discharge from employment at Kmart. The pt worked at Kmart for "five and a half years". When she applied "I said I had a disability when I got the job but I didn't say a mental illness" per pt. Per report she had a few occasions with change of supervisors in which she had to request her scheduled breaks. " I felt lots of pressure" per pt. Per pt account she experienced verbal and emotional abuse. "They would call me crazy", "my supervisor yelled at me into my ear in front of customers and colleagues" per pt. "One supervisor pushed me", "they wanted to get rid of me because I'm mentally ill" per pt. During her tenure at Kmart the pt felt harassed, was not given breaks and she responded sometimes by writing her superiors about these conflicts with her supervisors. She was placed on probation, until superiors resolved that she required support due to inaccurate reports regarding her work performance. Mrs. Bartlette then was "awarded for Outstanding Performance" and received a certificate. Due to frequent conflicts with two supervisors, Mrs. Bartlette responded by writing the Kmart national headquarters with a complaint. She was then written up for "insubordination after I wrote headquarters". At this point the pt began to experience significant stress and anxiety, she went to Roy L. Schneider Hospital emergency room for treatment and was diagnosed with Anxiety disorder (per note of Dr. Mattsson).

Since 1977 Mrs. Bartlette has received treatment with this clinic sporadically. In the past she saw Dr. Joseph who is now deceased and Dr. Charles Savage who no longer works with the Division of Mental Health. Mr. Smith has seen her in February of 1991 twice and again in February of 1993, per records the MMPI was administered. Per Mrs. Bartlette, "I take the medicine off and on, when I need it". She continues to take artane and stelezine, currently daily for the past month and the month prior to as frequently as every "two to three days". Prior to the past two months she may not take medication for a month, she used it when she felt stressed "or if I had strong dreams". Mrs. Bartlette reports she received her prescriptions from various sources over the last ten years. Most recently Dr. Paul Maynard (Family Medicine) has been providing prescriptions. A chart note dated November 11, 2001, Dr. Mattsson saw the pt and noted she had anxiety, intermittently poor sleep, fatigue and anger since her dismissal from Kmart. He noted a history of "compulsive bible reading and religious delusions". He then provided stelezine 1-2 mg as needed and benadryl 25

mg at bedtime. In September of 2001 Dr. Mattsson wrote a letter briefly summarizing the pts presentation to the clinic but this was not sufficient for the legal case. He did not state the pt had a disability now or during the time of being fired, there is no comment regarding disability. Dr. Mattsson then wrote a letter excusing him due to conflict of interest because he and the pt served on the same advocacy board. At this point the pt was very frustrated "my attorney is pressuring me for a evaluation and the doctors aren't helping me". The pt appropriately sought an evaluation with a second psychiatrist (Dr. LaPenna) but no report was drafted to support her claim of being disabled per pt report.

Currently Mrs. Bartlette reports intermittent fatigue, low energy, amotivation, poor concentration, hopelessness which is improved via her faith, and depressed mood. She scored in the severe range for Major Depression on a self-report this October. She is also experiencing multiple somatic complaints, has pleasant affect, sleep disturbance (DFA and SCD), anxiety, and slightly decreased appetite. "Because I'm a Christian, a Seven-Day Adventist, it keeps me so I believe its going to work out" per pt. Mrs. Bartlette reports feeling persecuted by her past employer to a degree, and abandoned by the mental health profession. "Sometimes I feel worthless because I can't go to work, the esteem is taken away" per pt. She has panic attacks every two to three months which could last "up to hours" with shaking, fear, increased heart rate and muscle tension. She experiences frequent anxiety, has recent family stressors with concerns for her adult sons and their relationships. There is financial stress, noting her husband is a taxi driver but has less than a $10,000 annual income. The pt receives $274/mo unemployment.

Past Medical History: Hypertension, non-insulin dependent diabetes, arthritis, hypercholesterolemia, r/o Fibromyalgia, r/o breast mass (last mammogram this month), food allergy to pepper and chocolate.

Past Surgical History: C-section, removal of breast cyst '95

Family Medical History: not obtained

Review of Systems: "muscle pain they call it Fibromyalgia", "hands feel weak", wears corrective lenses, mild foot infections, dry patch of skin on left leg, breast pain. Denied h/o seizures, head injury or loss of consciousness. Pt denied all complaints of other organ systems.

Past Psychiatric History: Pt's first Brief reactive psychosis occurred in 1977, it included delusions, hallucinations and depressed mood. There is a history of anxiety and EPS "drooling" when on thorazine. Please see HPI for details. No history of inpatient hospitalizations.

Family Psychiatric History: cousin with depression.

Legal History: none **Substance History:** none

Social History:
Mrs. Bartlette has been married to Kenrick Bartlette for 33 years. They share two adult sons Kenrick Jr, 32 and Jason 29, living in Florida and Virginia. The pt completed high school on St. Thomas but her island of origin is St. Kitts. Mrs. Bartlette has training in typing, computers and mental health advocacy work. During and prior to Kmart she worked with The Consumers Affairs Office (Advocacy program) for over ten years. She last worked in 2001 until being fired by Kmart which has lead to her seeking legal counsel for wrongful discharge. Per her report no

accommodations were made at her written request on several occasions during her employment. Per report she made these request at times of stress and discord. The pts husband is a taxi driver and makes less than $10,000 per year, she receives $274 per month unemployment. No additional income comes to the home and they are therefore under the poverty line since her discharge. The pts main support come from her church, Seven Day Adventist and she tries hard to keep her outlook positive via her faith.

Mental Status Examination (MSE):
Pt is well groomed, appropriately dressed and appears her stated age. She has mild tongue fasciculation's but not other noted abnormal motor movements. Eye contact is good. Speech fluent, normal rate and tone. Mood "depressed" affect-reactive. TP is linear. TC on providing a history and feeling abandoned. Denied S/HI but has preoccupation with death, including a fear of death and thoughts of impeding doom. Pt with intermittent hopelessness "what's the use". Denied visual hallucinations but reports auditory hallucinations "it's a high pitched voice" and she can intermittently understand and hear the voice clearly. Insight-good, judgment-good. Cognitively pt intact, noting she was accurate with dates and current events. Pt did well with differences and similarities; repetition was good, spelled WORLD forward and backwards, good with proverbs and identification. She did poorly on recall/retention not being able to list any of three objects.

Assessment and Plan:

Mrs. Bartlette is a 56 y.o. married woman with a long history of mental illness. The biggest problems occur when under stress as is true of most persons with mental illness in remission. The pts difficulty in obtaining a letter stating she is either disabled now or most importantly that she was disabled when she was released from Kmart in 2001 is due to receiving treatment from various professionals. This is my first interaction with the pt, however I have tried to review the documents available to me in order to make a clinical decision. Currently the pt suffers from a Major Depression but in 2001 it appears she again had depression and psychotic symptoms. If her physicians continued to provide her with prescriptions I would presume she had symptoms over the past ten years. Or at least that without the medications her symptoms would recur putting her in a position to decompensate or lose ability to function. She did therefore have an Axis I diagnosis (Psychotic Disorder NOS) during her employment with Kmart, and therefore a disability. It is important to note as an advocate for the mentally ill that the disability of mental illness does not equate to being disabled. It appears that for a significant portion of her employment with Kmart Mrs. Bartlette was able to perform her job duties but due to her mental illness the stress of perceived harassment and unfair treatment contributed to an escerbation of her symptoms.

Axis I:
Major Depressive Disorder severe with psychotic features
R/O Bipolar Disorder Type I-Depressed and Bipolar Disorder-mixed
Axis II:
none
Axis III:
Breast mass, r/o fibromyalgia, arthritis, hypertension, hypercholesterolemia and non-insulin dependent diabetes.
Axis IV:
Legal issues, family stressors, financial stressors, difficultly obtaining mental health services and unemployment.

Axis V:
45

Plan:
1- Return to clinic for psychotherapy, reassessment and medication management.
2- Begin trial of antidepressant medication (SSRI).
3- Consider discontinuation of stelezine due to EPS-tongue fasciculation's and change to atypical neuroleptic as needed.
4- Obtain baseline labs, to include TSH, SMA-24.
5- Refer to Internist or Rheumatologist for assessment of r/o of Fibromyalgia.
6- Follow up in one week.

Hillary Wynn, M.D.
BC General Psychiatrist
Division of Mental Health
Department of Health
U.S. Virgin Islands

POST OFFICE TO ADDRESSEE

EXPRESS MAIL
UNITED STATES POSTAL SERVICE™

EF188682423US

Customer Copy
Label 11-B May 2000

SEE REVERSE SIDE FOR SERVICE GUARANTEE AND INSURANCE COVERAGE LIMITS

ORIGIN (POSTAL USE ONLY)

PO ZIP Code: 00801	Day of Delivery: ☐ Next ☑ Second	Flat Rate Envelope ☐
Date In: 10/19/01 (Mo. Day Year)	☐ 12 Noon ☐ 3 PM	Postage: $16.25
Time In: 1701 ☐ AM ☐ PM	Military: ☐ 2nd Day ☐ 3rd Day	Return Receipt Fee: 1.50
Weight: 8 lbs. 3 ozs.	Int'l Alpha Country Code	COD Fee / Insurance Fee
No Delivery: ☐ Weekend ☐ Holiday	Acceptance Clerk Initials	Total Postage & Fees: $17.75

CUSTOMER USE ONLY

METHOD OF PAYMENT:
Express Mail Corporate Acct. No.
Federal Agency Acct. No. or Postal Service Acct. No.

FROM: (PLEASE PRINT) PHONE ( )

TO: (PLEASE PRINT) PHONE ( )

PR 009

USPS A.C. OFFICE STA. CLK NO 16 00801 — OCT 19 2001

FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com EMS

MR#: 57985 EMERGENCY REGISTRATION: 2/10/00 20:20 BY: ADZF TP: 1 PT#: 39541

BARTLETTE, ILEASE
10-C HOSPITAL GROUND
ST THOMAS VI 00802
340 776-0579 SSN: 580-14-9292
MAIDEN:

AGE: 054Y 12/17/45 SEX: F RACE: B MAR:
REL: S MSV: EMR FC: 4 SPECIAL HDL:
POLICE: HOW ARRIVED WALK IN
ATTENDING DOCTOR: MORRISON, CARL

PATIENT STATES:

COMMENTS: POWER OF ATTORNEY UNKNOWN LIVING WILL UNKNOWN

I CONSENT TO THE EXAMINATION, TREATMENT, AND PROCEDURES WHICH MAY BE PERFORMED DURING THIS HOSPITALIZATION, INCLUDING EMERGENCY TREATMENT DEEMED NECESSARY BY HOSPITAL STAFF & PRIOR INSTRUCTIONS FROM PATIENT'S PHYSICIAN.

WITNESS: PATIENT: Ilease Bartlette

CHIEF COMPLAINT & HISTORY (IF ACCIDENT - WHERE? WHEN? HOW?)

9.00pm. Worker at Store (Kmart) is having stress at work re: harassment by some supervisors - because of this she's stressed out + anxious not sleeping well.

EXAMINATION:

PHx HTN [redacted] not anxious

ENT thyroid ✓

Chest wall + mild tenderness LtR 2-4. Lungs clear

Heart reg. No oedema. Abd obese NAD.

Tx.

Valium 5mg po

FINAL DIAGNOSIS: Anxiety Disorder / Diabetes HTN

Rx. Advised re settling dispute
- Ativan 2mg

DISP: TIME 9pm | ✓ ER | | ADMITTED ROOM: ______
| ✓ HOME | FLY DR | | TRANSFERRED | | EXPIRED
| | RETURN ECF | ✓ REFERRED | | BACK TO WORK

ER PHYSICIAN SIGNATURE
Arguel

TIME | NURSE RECORD 9:00pm

medical clinic.

Medical
Anxiety Disorder
Exhibit
E

NAME OF RELATIVE NOTIFIED:

NAME OF EXAMINER [redacted]

INSTRUCTIONS RECEIVED:

MR#: 57985 EMERGENCY REGISTRATION: 2/10/00 20:20 BY: ADZF TP: 1 PT#: 395
BARTLETTE, ILEASE AGE: 054Y 12/17/45 SEX: F RACE: B MAR:
10-C HOSPITAL GROUND REL: S MSV: EMR FC: 4 SPECIAL HDL:
ST THOMAS VI 00802 POLICE: HOW ARRIVED WALK IN
340 776-0579 SSN: 580-14-9292 ATTENDING DOCTOR: MORRISON, CARL
MAIDEN:

PRINTED: 2/10/00 20:24

NEAREST RELATIVE:
BARTLETTE, KENRICK
10-C HOSPITAL GROUND
ST THOMAS VI
00802
340 776-0579 PT REL: SP

EMPLOYER:
KMART
TUTU PARK MALL
ST THOMAS VI
00802
340 777-3853

EMERGENCY CONTACT:
BARTLETTE, KENRICK
10-C HOSPITAL GROUND
ST THOMAS VI
00802
340 776-0579 PT REL: SP

GUARANTOR#: 43223 SSN: 580-14-9292
BARTLETTE, ILEASE
P O BOX 7095
ST THOMAS VI 00801
340 776-0579 PT REL SF

GUARANTOR EMPLOYER: TREATMENT AUTH
KMART
TUTU PARK MALL
ST THOMAS VI 00802
340 777-3853

INS # 1: CO: 555 SELF PAY PLAN: 1 SELF PAY
SUBSCRIBER: BARTLETTE, ILEASE REL: SF GROUP:
ID#: N/A CONTRACT: 55500 TYPE:

INS # 2: CO: PLAN:
SUBSCRIBER: REL: GROUP:
ID#: CONTRACT: TYPE:

INS # 3: CO: PLAN:
SUBSCRIBER: REL: GROUP:
ID#: CONTRACT: TYPE:

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO ROY L. SCHNEIDER HOSPITAL OF THE GROUP HOSPITAL INSURANCE BENEFITS HEREIN SPECIFIED AND OTHERWISE PAYABLE TO ME BUT NOT TO EXCEED THE BALANCE DUE OF THE HOSPITAL'S REGULAR CHARGES FOR THIS PERIOD OF HOSPITALIZATION. I UNDERSTAND I AM FINANCIALLY RESPONSIBLE TO THE HOSPITAL FOR CHARGES NOT COVERED BY THIS AUTHORIZATION.

ACCT NO 395486 DATE 2/10/00 PATIENT/INSURED Ilease Bartlette

WITNESS _____ RELATIONSHIP _____

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION REQUESTED BY MY INSURANCE COMPANY FOR THIS HOSPITALIZATION BY ROY L. SCHNEIDER HOSPITAL

DATE 2/10/00 PATIENT/PARENT IF MINOR _____

WITNESS _____

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

ST THOMAS VI 00802

Postage	$ $4.60	0805
Certified Fee	$2.65	09
Return Receipt Fee (Endorsement Required)	$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $9.40	09/06/2007

Sent To: Chief Judge Curtis Gomez
Street, Apt. No., or PO Box No.:
City, State, ZIP+4:

PS Form 3800, June 2002 — See Reverse for Instructions

7003 3110 0000 6361 8122

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

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

ST THOMAS VI 00802

Postage	$ $0.41	0801
Certified Fee	$2.65	12
Return Receipt Fee (Endorsement Required)	$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $5.21	07/24/2007

Sent To: Judge Gomez
Street, Apt. No., or PO Box No.:
City, State, ZIP+4:

PS Form 3800, June 2002 — See Reverse for Instr

7003 3110 0000 6357 7993

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

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

ST THOMAS VI 00802

Postage	$ $0.41	0801
Certified Fee	$2.65	06
Return Receipt Fee (Endorsement Required)	$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $5.21	08/31/2007

Sent To: Chief Judge Curtis Gomez
Street, Apt. No., or PO Box No.:
City, State, ZIP+4:

PS Form 3800, June 2002 — See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

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

Postmark Here

Sent To: Judge curtis Gomez
Street, Apt. No., or PO Box No.:
City, State, ZIP+4:

PS Form 3800, June 2002 — See Reverse for Instructions

7005 0390 0003 2233 9394

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:
Chief Judge Curtis V Gómez
District Court Suite 310
55 Veterans Drive
Charlotte Amalie, VI
00802-6424

COMPLETE THIS SECTION ON DELIVERY

A. Signature: [signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name): Carol C. Jackson C. Date of Delivery: 3/15/07

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 (Transfer from service label): 7005 0390 0003 2233 9394

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

Please Bartlette

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:

MS Lillian Marti
325 SD Roosevelt Ave
Plaza las Americas
Tower P # 1202
San Juan P. R

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly): Lillian Marti — B. Date of Delivery: 10/2/01

C. Signature: X Marti — ☐ 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) 7001 0320 0004 6347

PS Form 3811, July 1999 — Domestic Return Receipt — 102595-99-M-1789

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$ 4.05	UNIT ID: 0801
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: BZ7CVB
Total Postage & Fees	$ 8.30	01/12/06

Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

7001 0320 0004 6347

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	$ $0.41	0801
Certified Fee	$2.65	12
Return Receipt Fee (Endorsement Required)	$0.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $3.06	07/24/2007

Sent To: Clerk of The Court
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructi

7003 3110 0000 1361 8139

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$ 0.39	UNIT ID: 0801
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: OK8800
Total Postage & Fees	$ 4.64	02/23/06

Sent To: Clerk of the District Court St. T
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

7005 0390 0000 0108 4104

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$ 0.39	UNIT ID: 0801
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: BZ7CVB
Total Postage & Fees	$ 4.64	04/25/06

Sent To: Clerk of District Court
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 — See Reverse for Instructions

Please Bartlett

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:
Chief Judge Curtis Gomez
5500 Veteran's Drive
Suite 310
District Court
St. Thomas, VI
00802

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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 (Transfer from service label) 7005 3110 0002 3766 6377

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COM ... **N ON DELIVERY**

- 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: Attn:
Chief Judy Curtis Gomez
5500 Veteran's Drive
Suite 310
(Federal Building)
St. Thomas, VI 00802

A. Received by (Please Print Clearly) Joel Rafael Cano B. Date of Delivery 9/5/07

C. Signature
X [signature] ☐ 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 fr 7003 3110 0000 6357 7993

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Please Docket

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:
Chief Judge Curtis Gomez
5500 Veteran's Drive
Suite 310
St. Thomas VI 00802

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[signature] ☑ Agent ☐ Addressee

B. Received by (Printed Name) Carla A. Jackson C. Date of Delivery 7/25/07

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 (Transfer from service label) 7003 3110 0000 6361 8122

U.S. Postal Service™
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For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$ 0.39	UNIT ID: 0801
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: TMBG20
Total Postage & Fees	$ 4.64	07/12/06

7005 0390 0003 2241 3551

Sent To: Judge Geoffrey W. Barnard
Street, Apt. No., or PO Box No.: District Court, Suite 310
City, State, ZIP+4: 5500 Veterans Drive Charlotte Amalie VI 00802

PS Form 3800, June 2002 — See Reverse for Instructions

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	$ $0.39	
Certified Fee		
Return Receipt Fee (Endorsement Required)		Postmark Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$	

7005 0390 0003 2234 6743

Sent To: Judge G. W. Barnard
Street, Apt. No., or PO Box No.:
City, State, ZIP+4:

PS Form 3800, June 2002 — See Reverse for Instructions

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

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

ST THOMAS, VI 00802 OFFICIAL USE

Postage	$ $0.41	0801
Certified Fee	$2.65	10
Return Receipt Fee (Endorsement Required)	$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $5.21	08/13/2007

7005 0390 0003 2234 2721

Sent To: Administrative Judge Barnard
Street, Apt. No., or PO Box No.: District Court, St. Thomas
City, State, ZIP+4: 00802

PS Form 3800, June 2002 — See Reverse for Instructions

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

ST THOMAS, VI 00802 OFFICIAL USE

Postage	$ 0.39	UNIT ID: 0801
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	Postmark Here
Restricted Delivery Fee (Endorsement Required)		Clerk: DOJCF0
Total Postage & Fees	$ 4.64	04/27/06

7001 1140 0003 7760 0089

Sent To: Judge Barnard
Street, Apt. No., or PO Box No.:
City, State, ZIP+4:

PS Form 3800, January 2001 — 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:
Judge Geoffrey W. Barnard
District Court
5500 Veterans Drive
Suite 310
Charlotte Amalie VI
00802-6424

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Cynthia Rivera ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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 (Transfer from service label) 7001 1140 0003 7760 0089

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

Please Certify

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:

Administrative
Judge Barnard
District Court
Veterans Drive
St Thomas, VI 00802

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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 Mercha
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label) 7005 0390 0003 2234 2721

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Clerk of The District Court
5500 Veteran's Drive
ns Federal Court House
St. Thomas, VI
00802-6424

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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
(Transfer from service label) 7005 0390 0000 9601 8013

PS Form 3811, February [illegible] [illegible] 102595-02-M-1540

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Addr
2. ☐ Restricted Deliver
Consult postmaster for fe

7005 0390 0003 2234 6743

3. Article Addressed to:

Judge Geoffrey W. Barnard
District Court Suite 310
55 Veterans Drive
Charlotte Amalie, VI
00802-6424

4b. Service Type
☐ Registered ☒ Cer
☐ Express Mail ☐ Ins
☐ Return Receipt for Merchandise ☐ CO

7. Date of Delivery

8. Addressee's Address (Only if request and fee is paid)

5. Received By: (Print Name)
Carol C. Jackson

6. Signature: (Addressee or Agent)
X [signature]

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Re

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:

Judge Geoffrey W. Barnard
District Court Suite 310
5500 Veterans Drive
Charlotte Amalie
VI 00802-6424

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) Carole C. Jackson C. Date of Delivery 7/13/06

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
(Transfer from service label) 7005 0390 0003 2241 3551

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:
D J Chief J Ramond Finch
3013 Estate Golden Rock
St Croix, Virgin Islands
00820-4355

2. Article Number (Transfer from service label) 7003 3110 0000 6347 0317

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [illegible] ☐ Agent ☐ Addressee
B. Received by (Printed Name) [illegible] HESS   C. Date of Delivery 11/13/06
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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

Article Addressed to:
[illegible]

Article Number (Transfer from service label) 7005 0390 0000 9604 8249

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [illegible] ☐ Agent ☐ Addressee
B. Received by (Printed Name) [illegible]   C. Date of Delivery [illegible]
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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:
Solicitor General
Room 5614
Dept. Justice
950 Pennsylvania Ave.
N W Washington, DC
20530-0001

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [illegible] ☐ ☐
B. Received by (Printed Name) [illegible] NOV 17 2006   C. Date
D. Is delivery address different from item 1? ☐
If YES, enter delivery address below: ☐

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for M
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐

PS Form 3811, February 2004 Domestic Return Receipt 1025

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:
US Dept. of Justice
Civil Rights Division
950 Pennsylvania Ave, NW.
Disability Rights Section NYAV
Washington, DC 20530

2. Article Number (Transfer from service label) 7005 1820 0000 3070 8652

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [illegible] ☒ Agent ☐ Addressee
B. Received by (Printed Name) OCT 01 2007   C. Date of Delivery
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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Ilene Bartlett

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:

Solicitor General of the United States Room 5614
Department of Justice
950 Pennsylvania Ave.
Washington DC
20530-0001

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) — C. Date of Delivery
NOV 20 2008

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐

2. Article Number (Transfer from service label) 7005 1820 0000 3073 3500

PS Form 3811, February 2004 Domestic Return Receipt

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:

U.S. Dept. of Justice
Civil Rights Division
950 Pennsylvania Ave. N.W.
Disability Rights Section
Washington DC
20530

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

OCT 03 2007

B. Received by (Printed Name) — C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

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 (Transfer from service label) 7005 0390 0003 2233 9417

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1035

CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

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

WASHINGTON DC 20530

Postage	$ 0.58
Certified Fee	$2.65
Return Receipt Fee (Endorsement Required)	$2.15
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ 5.38

0806 07 Postmark Here 09/25/2007

Sent To: Civil Rights Division US Dept of Justice

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	$4.80
Certified Fee	$2.70
Return Receipt Fee (Endorsement Required)	$2.20
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$9.70

0806 02 Postmark Here 11/10/2008

Sent To: Solicitor General of the US

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	$4.80
Certified Fee	$2.70
Return Receipt Fee (Endorsement Required)	$2.20
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$9.70

0801 03 Postmark Here 11/07/2008

Sent To: Solicitor General

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	$ 4.60
Certified Fee	$2.65
Return Receipt Fee (Endorsement Required)	$2.15
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$9.40

0801 18 Postmark Here 09/28/2007

Sent To: U.S. Dept. of Justice Civil Rights Div
Street, Apt. No., or PO Box No. 950 Pennsylvania Ave., N.W.
City, State, ZIP+4 Disability Rights Section NYAW Washington D.C. 20530

PS Form 3800, June 2002

7005 1820 0000 3073 3500 9853 2853 3020 0001 9915 2233 9417 7005 0390 0003 2233 9417

Please Bartlett

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:
US Court of Appeals 3rd Circuit
21400 US Courthouse
601 Market Street
Philadelphia P.A
19106-1790

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X R. Matto ☐ Agent ☐ Addressee

B. Received by (Printed Name) R. Matto C. Date of Delivery DEC 17 2007

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 (Transfer from service label) EB 566082675US

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Alex Bartlett

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: US Court of Appeal
attn. Michael Williams
21400 US Court House
601 Market Street
Philadelphia P.A
19106

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 11/13

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 (Transfer from service label) 7003 3110 0000 6355 1337

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

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

PHILADELPHIA PA 19106 OFFICIAL USE

Postage	$ $0.41	0806
Certified Fee	$2.65	07
Return Receipt Fee (Endorsement Required)	$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $5.21	09/25/2007

Sent To: Office of the Clerk Third Circuit
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0000 3070 8645

SIGNATURE CONFIRMATION NUMBER: 2304 3090 0000 1316 1267

Postage and Signature Confirmation fees must be paid before mailing.

3rd Circuit Appeal
(Please Print Clearly) Michael Williams

Waiver of Signature ☐ NO

Postmark Here

POSTAL CUSTOMER:
Keep this receipt. For inquiries:
Access Internet web site at www.usps.com®
or call 1-800-222-1811

☐ Priority Mail™ Service
☐ First-Class Mail® parcel
☐ Package Services parcel

AMER

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:
Attn. Clerk of the Court
US Court of Appeals
For the Third Circuit
21400 US Courthouse
601 Market Street
Philadelphia PA
19106 1790

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 6-19-07

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 (Transfer from service label) EB 565589545 US

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Court of Appeals

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: ATTN. Mary Collins
Marcia M. Waldron, Clerk
U.S. Court of Appeals
For The Third Circuit
21400 US Court House
Philadelphia PA
19106 - 1790

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) R Matos C. Date of Delivery 6/14

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 (Transfer from service label) EB 570537642 US

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

From Marcia Waldron

7005 1820 0000 3072 3860

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

For delivery information visit our website at www.usps.com®
PHILADELPHIA PA 19106 OFFICIAL USE

Postage	$ $4.60	0806
Certified Fee	$2.65	01
Return Receipt Fee (Endorsement Required)	$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $9.40	12/13/2007

Sent To Court of Appeal Envelope only
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002

Court
d States
- 6, 2002

AMERICE

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: Atty. Michael Williams
US Court of Appeals 3rd Circuit
21400 US Courthouse
601 Market Street
Philadelphia P.A
19106-1790

A. Signature: X [signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name): [illegible] C. Date of Delivery: 6/11
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 (Transfer from service label) 7005 1820 0000 3072 3860

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Court of Appeals

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:
U.S. Court of Appeals
For The Third Circuit
21400 United States Courthouse
601 Market Street
Philadelphia
19106-1790

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X Sara Lang ☐ Agent ☐ Addressee
B. Received by (Printed Name): Sara Lang C. Date of Delivery: 6/11/06
D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
normal

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 (Transfer from service label) [illegible] E R 169011969 US

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Please provide this

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:
Office of the Clerk
United States Ct. of Appeals
For The Third Circuit
21400 United States
Courthouse
601 Market Street
Philadelphia, PA 19106-1790

A. Signature: X [signature] ☐ Agent ☐ Addressee
B. Received by (Printed Name): R Mathis C. Date of Delivery: 6/8/06
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 (Transfer from service label) 7005 1820 0000 3070 8645

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

002

CAMBRIDGE

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: Attn: Michael Williams
Office of The Clerk
For The Third Circuit
21400 US Courthouse
601 Market Street
Philadelphia P.A.
19106-1790

2. Article Number (Transfer from service label) 73US

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Keith Lombardo ☐ Agent ☐ Addressee
B. Received by (Printed Name) Keith Lombardo
C. Date of Delivery 11/23
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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:
Ilease Barthlette
P.O. Box 7095
St. Thomas, VI
00801

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Ilease Barthlette ☐ Agent ☐ Addressee
B. Received by (Printed Name) Ilease Barthlette
C. Date of Delivery 11/15/07
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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:
Marcia M. Waldron, Clerk
US. Court of Appeals
For The Third Circuit
21400 US Courthouse
Philadelpha PA 19106-1790

2. Article Number (Transfer from service label) EB 570537599 US

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ C. Machuca ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Machuca
C. Date of Delivery 9/29
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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02

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: Clerk of the Court
US Court of Appeals
For The Third Circuit
21400 US Courthouse
601 Market Street
Philadelphia PA
19106-1790

2. Article Number (Transfer from service label) ED 199697344 US

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Sara Lang ☐ Agent ☐ Addressee
B. Received by (Printed Name) Sara Lang
C. Date of Delivery 9/21
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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Ilease Barthlette

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:
United States Bankruptcy Ct.
P.O. Box A3613
Chicago, Illinois
60690-3612

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3613

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 (Transfer from service la) 7005 1820 0000 3070 8669

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7005 1820 0000 3070 8669

U.S. Postal Service™
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For delivery information visit our website at www.usps.com

CHICAGO IL 60690 OFFICIAL USE

Postage	$ $0.41	0806
Certified Fee	$2.65	07
Return Receipt Fee (Endorsement Required)	$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $5.21	09/25/2007

Sent To: United States Bankruptcy Ct.
Street, Apt. No.; or PO Box No.:
City, State, ZIP+4:

PS Form 3800, June 2002 See Reverse for Instructions

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

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

CHICAGO IL 60604 OFFICIAL USE

Postage	$ $0.41	0902
Certified Fee	$2.65	07
Return Receipt Fee (Endorsement Required)	$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $5.21	09/11/2007

Sent To: US Bankruptcy Court
Street, Apt. No.; or PO Box No.: Illinois
City, State, ZIP+4:

PS Form 3800, June 2002 See Reverse for Instructions

Ilasi Bartlett

EE 379692811 US

EXPRESS MAIL
UNITED STATES POSTAL SERVICE®

Customer Copy
Label 11-B, March 2004

Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Date Mo. Day	Time ☐ AM ☐ PM	Employee Signature

GOVERNMENT POSTAL STORE USPS 9445 CO

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 60604	Day of Delivery ☐ Next ☐ 2nd ☐ 3rd Day	Postage $ 17.55
Date Accepted Mo. 3 Day 5 Year 09	Scheduled Date of Delivery Month 3 Day 6	Return Receipt Fee $
Time Accepted 2:34 ☐ AM ☐ PM	Scheduled Time of Delivery ☐ Noon ☐ 3 PM	COD Fee $ / Insurance Fee $
Flat Rate ☐ or Weight 1 lbs. 15 ozs.	Military ☐ 2nd Day ☐ 3rd Day	Total Postage & Fees $ 17.55
	Int'l Alpha Country Code	Acceptance Emp. Initials

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No.
Federal Agency Acct. No. or Postal Service Acct. No.

☐ WAIVER OF SIGNATURE (Additional merchandise insurance is void.) I understand that I am not requesting a waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ NO DELIVERY ☐ Weekend ☐ Holiday

Mailer Signature

FROM: (PLEASE PRINT) PHONE ( )
Ilasi Bartlett
Post Office Box 7095
St. Thomas, VI 00801

TO: (PLEASE PRINT) PHONE ( )
Clerk of the Court Official Business
The U.S. Bankruptcy Court
For the Northern District
of Illinois
Eastern Division

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)
6 0 6 0 4 + [ ] [ ] [ ] [ ]

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

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Visit www.usps.com
Call 1-800-222-1811

EMS

mart K® BONUS note — 50 POINTS

PATH TO EXCELLENCE

A Mark of Excellence

TO: Alice Bartlett

DATE: 12:19:97

MGR: #50 Jan (President)

Collect 200 points and receive a $10 Gift Certificate
Collect 400 points and receive a $25 Gift Certificate
Code (38) 0934641-11-9—pd/50—9/95

Reason for Bonus K Note: Visit Work

---

mart K® BONUS note — 50 POINTS

PATH TO EXCELLENCE

A Mark of Excellence

TO: Alice Bartlett

DATE: 12:19 97

MGR: P #50

Collect 200 points and receive a $10 Gift Certificate
Collect 400 points and receive a $25 Gift Certificate
Code (38) 0934641-11-9—pd/50—9/95

Reason for Bonus K Note: K Mart President Visit (Work)

---

mart K® note — 25 POINTS

PATH TO EXCELLENCE

A Mark of Excellence

TO: Illease Barthlette

DATE: 3/31/99

MGR: Neville Floyd 407

Collect 200 points and receive a $10 Gift Certificate
Collect 400 points and receive a $25 Gift Certificate
Code (38) 0934642-11-7—pd/50—9/95

Reason for K Note:

---

mart K® note — 25 POINTS

PATH TO EXCELLENCE

A Mark of Excellence

TO: Illease

DATE: 9/27/97

MGR: #404

Collect 200 points and receive a $10 Gift Certificate
Collect 400 points and receive a $25 Gift Certificate
Code (38) 0934642-11-7—pd/50—9/95

Reason for K Note: Home Imp Bio

---

mart K® note — 25 POINTS

PATH TO EXCELLENCE

A Mark of Excellence

TO: Alice Bartlett

DATE: 9/26/97

MGR: Jan Manager

Collect 200 points and receive a $10 Gift Certificate
Collect 400 points and receive a $25 Gift Certificate
Code (38) 0934642-11-7—pd/50—9/95

Reason for K Note:

---

mart K® note — 25 POINTS

PATH TO EXCELLENCE

A Mark of Excellence

TO: ILEASE Bartlette

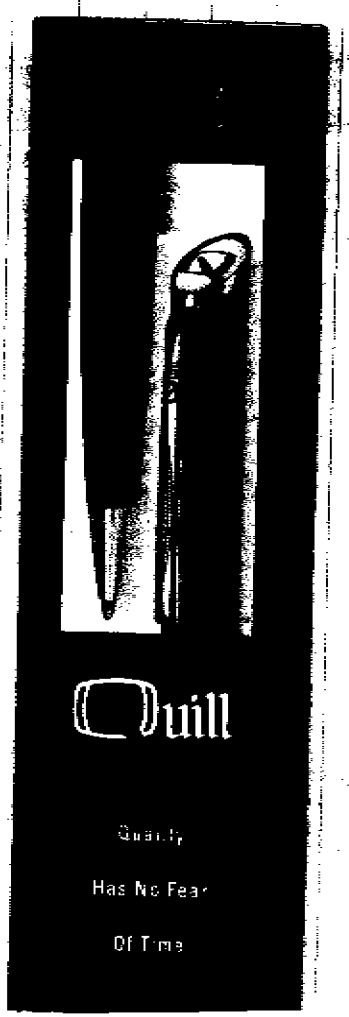
DATE: 9-18-97

MGR:

Collect 200 points and receive a $10 Gift Certificate
Collect 400 points and receive a $25 Gift Certificate
Code (38) 0934642-11-7—pd/50—9/95

Reason for K Note:

The reason for Plaintiff's claim against the Defend
Kmart



SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Richard Glouvert
2C A Tutle Park Mall
K. Mart
St. Thomas, VI 00802

4a. Article Number
Z 592 439 988

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
4/13/09

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Pamela Stephens

6. Signature: (Addressee or Agent)
X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-96-B-0229 Domestic Return Receipt

& your RETURN ADDRESS completed on the reverse side?

Z 535 946 870

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to	MaryAnna Mateos
Street & Number	3100 West Beaver Rd
Post Office, State, & ZIP Code	Troy Michigan 48084
Postage	$ 3.20
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.40
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 1.25
Postmark or Date	APR 2009

PS Form 3800, April 1995

Z 592 439 988

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to	Richard Glouvert
Street & Number	2C A Tutle Park Mall St. Thomas
Post Office, State, & ZIP Code	00802
Postage	$ .77
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.42
Postmark or Date	APR 2009

PS Form 3800, April 1995

Case 5:07-cv-00474 Document 31-3 Filed 10/30/09 Page 40 of 50 Entered 10/30/09 [illegible]

ED 199693400 US

EXPRESS MAIL
UNITED STATES POSTAL SERVICE®

Customer Copy
Label 11-B, March 2004

Post Office To Addressee

7099 3400 0000 2552 2772

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code: 00831	Day of Delivery: ☐ Next ☐ 2nd ☐ 2nd Dis. Day	Postage: $ 16.30
Date Accepted: 8 28 08 (Mo. Day Year)	Scheduled Date of Delivery: Month 8 Day 29	Return Receipt Fee: $ 2.20
Time Accepted: 12 ☐ AM ☐ PM	Scheduled Time of Delivery: ☐ Noon ☐ 3 PM	COD Fee: $	Insurance Fee: $
Flat Rate ☐ or Weight: 2 lbs. 16 ozs.	Military: ☐ 2nd Day ☐ 3rd Day	Total Postage & Fees: $ 19.70
	Int'l Alpha Country Code	Acceptance Emp. Initials: TF

DELIVERY (POSTAL USE ONLY)

Delivery Attempt: Mo. Day	Time: ☐ AM ☐ PM	Employee Signature
Delivery Attempt: Mo. Day	Time: ☐ AM ☐ PM	Employee Signature
Delivery Date: Mo. Day	Time: ☐ AM ☐ PM	Employee Signature

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No.

Federal Agency Acct. No. or Postal Service Acct. No.

☐ WAIVER OF SIGNATURE (Domestic Mail Only; Additional merchandise insurance is void.) I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ NO DELIVERY ☐ Weekend ☐ Holiday

Waiver Signature

FROM: (PLEASE PRINT) PHONE ( )
Alease Bartlette
P. O. Box 7095
St. Thomas, VI 00801

TO: (PLEASE PRINT) PHONE ( )
Att. Clerk of The Court
U.S. Bankruptcy Court
219 South Dearborn Ave.
Chicago Ill.

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)
6 0 6 0 4 +

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811

EMS

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

Article Sent To:

Postage	$ .34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.94

Postmark Here
SEP 2007
USPS

Name (Please Print Clearly) (to be completed by mailer)
Tracy Neille
Street, Apt. No., or PO Box No.
City, State, ZIP+4
00802

PS Form 3800, June 2002 See Reverse for Instructions

Alease Bartlette

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:
Clerk Bankruptcy Court of the Northern District of Illinois
Everett McKinley Dirksen
United States Court House
219 South Dearborn Street
Chicago, IL. 60604

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X D. Collier ☐ Agent ☐ Addressee

B. Received by (Printed Name)
D. Collier
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

SEP 24 2007

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 (Transfer from service label) 7006 0100 0004 7421 8569

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:
Att. Clerk of the Court
U.S. Bankruptcy Court
219 South Dearborn Ave
Chicago Ill.
60604

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery
9/22/08

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:
395. Dearborn St

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 (Transfer from service label) ED 199 693 400 US

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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:

Ms Lillian Marti
525 SD Roosevelt Ave.
Plaza Las Americas
Tower P.H. 1202
San Juan, Puerto Rico 00918

2. Article Number (Copy fr 7001 1140 0003 3700 7040

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Sandra Caamaño — B. Date of Delivery 10-4-01

C. Signature X [signature] ☐ 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

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

7099 3400 0003 3700 7040

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

Article Sent To:

Postage	$ .34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.94

HUCHSICHEDRAL STORE STATION OCT 30 2001 Postmark Here USPS

Name (Please Print Clearly) (to be completed by mailer) Madison Marti
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, July 1999 See Reverse for Instructions

7099 3400 0003 3700 7041

↓ EEOC ↓

[redacted]

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:

Lillian Marti
525 SD Roosevelt Ave
Plaza Las Americas
Tower P H 1202
San Juan P.R. 00917

DOCUMENTO

2. Article Number (Copy from service label) 7099 3400 0003 3553 7141

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature X Agent Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Service Type
Certified Mail Express Mail
Registered Return Receipt for Merchandise
Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

7099 3400 0003 3553 7141

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

OFFICIAL USE

Postage	$ .34
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 3.94

SAN JUAN, P.R. STA. CLV #29 0880 DEC 03 2001 USPS

Sent To LILLIAN MARTI
Street, Apt. No., or PO Box No. 525 S.D. ROOSEVELT AVE.
City, State, ZIP+4 PLAZA LAS AMERICAS TOWER 1202

PS Form 3800, January 2001 See Reverse for Instructions

7099 3400 0003 3553 7141

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "*Return Receipt Requested*" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Ms. Mary Anne Moore
RECD BY KRC TROY MICHIGAN
3100 West Beaver Rd
Troy, Michigan 48084

4a. Article Number
Z 535 946 870

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
4-12-01

5. Received By: (Print Name) NOT VALID UNLESS COUNTERSIGNED BY AUTHORIZED PERSON

6. Signature: (*Addressee or Agent*)
X [signature]

8. Addressee's Address (*Only if requested and fee is paid*)

PS Form **3811**, December 1994 102595-98-B-0229 **Domestic Return Receipt**

Thank you for using Return Receipt Service.

[redacted]

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:
Tracy Neillo
K-Mart Corporation
26 A Tutu Park Mall
St. Thomas, VI 00801

A. Received by (*Please Print Clearly*) Beverly G.
B. Date of Delivery 10/31/01
C. Signature
X [signature]
☐ 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*)
7099 3400 0003 3553 7172

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

Elaine Bartlette

EXPRESS MAIL
UNITED STATES POSTAL SERVICE®

Customer Copy
Label 11-B, March 2004
Post Office To Addressee

EB 565257760 US

ORIGIN (POSTAL SERVICE USE ONLY)
PO ZIP Code: 00802
Day of Delivery: ☐ Next ☐ 2nd ☐ 2nd Del. Day
Postage: $ 16.30
Date Accepted: Mo. Day Year 8 08
Scheduled Date of Delivery: 8/11
Return Receipt Fee: $ 2.20
Scheduled Time of Delivery: ☐ Noon ☐ 3 PM
COD Fee: $
Insurance Fee: $
Time Accepted: 1:35 ☐ AM ☐ PM
Military: ☐ 2nd Day ☐ 3rd Day
Total Postage & Fees: $ 18.50
Flat Rate ☐ or Weight: 2 lbs. 10 ozs.
Int'l Alpha Country Code
Acceptance Emp. Initials

FROM: (PLEASE PRINT) PHONE ( )
Elaine Bartlette
P.O. Box 7695
St. Thomas, VI 00801

TO: (PLEASE PRINT) PHONE ( )
Att: Legal Dept. (Sears)
3333 Beverly Road
Hoffman Estates
ILL 60179

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

DELIVERY (POSTAL USE ONLY)
Delivery Attempt Mo. Day Time ☐ AM ☐ PM Employee Signature
Delivery Attempt Mo. Day Time ☐ AM ☐ PM Employee Signature
Delivery Date Mo. Day Time ☐ AM ☐ PM Employee Signature

CUSTOMER USE ONLY
PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No.
Federal Agency Acct. No. or Postal Service Acct. No.

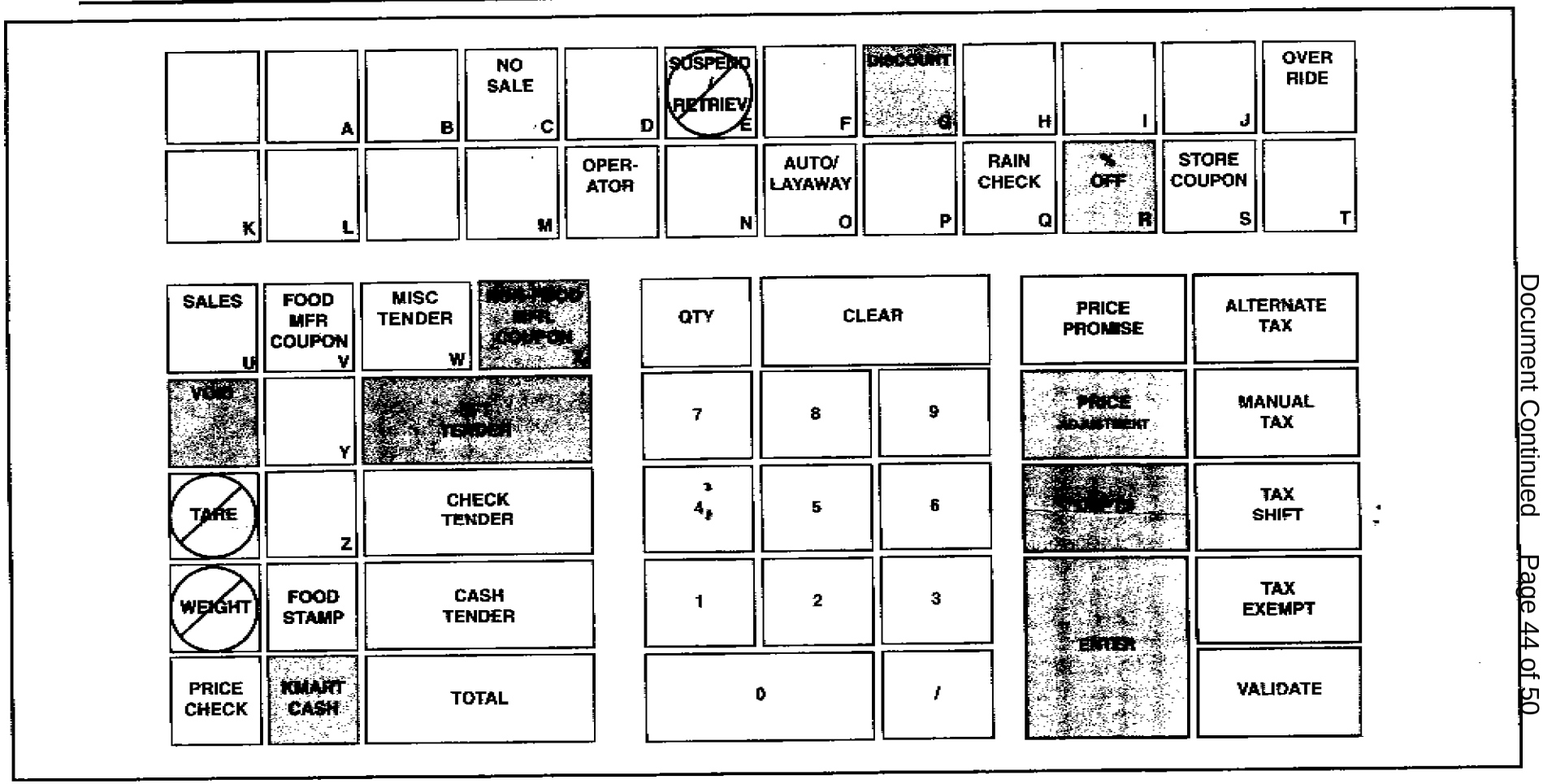
NO DELIVERY ☐ Weekend ☐ Holiday
Mailer Signature

FOR PICKUP OR TRACKING
Visit WWW.usps.com
Call 1-800-222-1811

Sears ↗

Key	Definitions
SUSPEND/RETRIEVE	The **SUSPEND/RETRIEVE** key is not available at this time.
DISCOUNT	The **DISCOUNT** was previously the **EMPLOYEE DISCOUNT** key. This is a new location for the key and teh word "Employee" has been removed.
% OFF	The **% OFF** is moved to a new location. The functions are the same.
SALES	The new **SALES** key is used at teh refund register to allow the service desk team members to ring bnoth sales and refund transactions at the refund register. **EVEN EXCHANGE** key is no longer needed on the new POS system.
VOID	The **VOID** is an existing key with a description change. This key now will process all Voids on the new POS system including error corrects and transaction voids.
TARE	The **TARE** is a new key used to enter the container weight for weighted items. At this time, it is only authorized to be used in the (Super Kmart Centers only) Super Kmart Center.
WEIGHT (Super Kmart Centers only)	The **WEIGHT** is a new key used to manually enter the weight of items. At this time, it is only authorized to be used in the Super Kmart Centers for grocery items.
PRICE CHECK	The **PRICE CHECK** key will now work when the register is closed or locked.
FOOD MFR. COUPON	The **FOOD MFR. COUPON** is a new key used for manufacturer coupons that are for food stampable items only (ie, edible food items).
FOOD STAMP	The new **FOOD STAMP** key is used to obtain a Food Stamp total and to tender Food Stamps.
KMART CASH	The **KMART CASH** key has a new location, the functions are the same.
NON-FOOD MFR. COUPON	The **NON-FOOD MFR. COUPON** is an existing key with a new description. It used to be labeled **VENDOR COUPON**.
EFT KEY	The new **EFT** key replaces the **CHARGE TENDER** key . It will be used for charge tender transactions, as well as debit transactions. Press the **EFT** key when swiping a card through the pin pad or the mag stripe reader on the register. The **EFT** key will be used for alternate tender transactions in the future.
PRICE PROMISE	The **PRICE PROMISE** is a new key used to ring Price Promise items.
PRICE ADJUSTMENT	The **PRICE ADJUSTMENT** key has been moved to a new location, the functions are the same.
DEPT #	Key numbers are no longer used. The **DEPT #** key replaces the **KEY #** key. Ring items with the department number, when it is requested after scanning (such as when a not-on-file is scanned), instead of the key numbers.
ENTER	The **ENTER** is an existing key formally labeled **AMOUNT**. The description has been changed from **AMOUNT** to **ENTER** because the key is used for more then just amount type entries.
TAX EXEMPT	The new **TAX EXEMPT** key will be used to process total Tax Exempt transactions, rather than using **TAX SHIFT & TOTAL**.
FOR	The **FOR** key is no longer needed because the new POS uses the </> (slash) key, which is located next to the zero, instead of the **FOR** key when entering a selling price such as 3/$1.00.

PRISM 8 KEYBOARD LAYOUT



BLUE Keys are existing with the same function that have been moved on the keyboard.

GREEN Keys are existing that were renamed.

YELLOW Keys are added to the keyboard.

This symbol will show new keys that are for future use.

Your store will go live on the new POS system _____. On the live date, report to the checkouts one half hour prior to your scheduled shift to receive hands-on training on registers that will be in the training mode. All associates must have the hands-on training before running the registers once the new software is live.

Rose Bartlett

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
219 SOUTH DEARBORN STREET
CHICAGO, ILLINOIS 60604

Kenneth S. Gardner, Bankruptcy Clerk

IN RE: KMart

CASE NUMBER: 02-02474

CHAPTER: 11

REQUEST FOR ADDITIONAL INFORMATION

In order to properly process your claim, additional information is needed. See item(s) checked below:

☐ Debtor name and case number does not match our records.

☐ There are several debtors listed, please provide the correct case number.

☑ Please fill out the attached proof of claim form.

☑ Other: Send the claim to:KMart c/o Trumbull PO Box 426 Windsor CT 06095 or call Trumbull at 877-876-2705

Remarks:

PLEASE CORRECT AS NOTED AND RETURN THE PROOF OF CLAIM FORM TO:

UNITED STATES BANKRUPTCY COURT
P.O. BOX A3613
CHICAGO, ILLINOIS 60690-3612

☐ BANKRUPTCY NOT FILED IN THIS DISTRICT.

Date of issuance: September 14, 2007 BY: R Marola

Deputy Clerk Team B

LEGAL SERVICES OF THE VIRGIN ISLANDS, INC.

COMMUNITY LAW CENTER
No. 47 Kongens Gade
Charlotte Amalie, St. Thomas
U.S. Virgin Islands 00802
(340) 774-6720
Fax: (340) 777-8686
Email: lsvistt@vipowernet.net

ADMINISTRATIVE OFFICE
No. 3017 Estate Orange Grove
Christiansted, St. Croix
U.S. Virgin Islands 00820-4375
(340) 773-2626
Fax: (340) 778-8593
Email: lsvistx@vipowernet.net

PLEASE REPLY TO: COMMUNITY LAW CENTER

Monday, June 05, 2006

Ilease Bartlette
P.O. Box 7095
St. Thomas, U.S. Virgin Islands 00801

Re: Ilease Bartlette v. Kmart Corp. Civil No. 2002-100

Dear Ms. Bartlette:

After speaking with you on May 30 I presented your file to our committee for acceptance. I regret to inform you that after further consideration, Legal Services has determined that we will not be able to assist you.

Our services are regulated by the U.S. Congress in Washington, D.C. Congress prohibits us from taking cases that concern civil rights, including discrimination based on age, race, or disability.

If your previous attorney was able to reach a settlement with Kmart, I highly recommend speaking with him to see if the offer is still available. Otherwise, you may continue to proceed *pro se* by simply notifying the court in writing of your intent to do so.

Best Regards,

Justin Caine Harrell, Esq.
Staff Attorney

Ilase Barthlette
P.O. Box 7095
St. Thomas VI 00801

US Bankruptcy Court of the
Northern District of Illonois
Everett Mc Kinley Dierksen
United State Courthouse
219 South Dearborn Street
Chicago, Ill 60604

Ilase Barthlette

Special Counsel Cases

Dave Bartlett

Exhibit B

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

In re:	)	Case No. 02-B02474
	)	(Jointly Administered)
KMART CORPORATION, et al.,	)	Chapter 11
	)	Hon. Susan Pierson Sonderby
	)	
Debtors.	)	

NOTICE REGARDING (A) ENTRY OF ORDER CONFIRMING THE FIRST AMENDED JOINT PLAN OF REORGANIZATION OF KMART CORPORATION AND ITS AFFILIATED DEBTORS AND DEBTORS-IN-POSSESSION, (B) OCCURRENCE OF EFFECTIVE DATE AND (C) NOTICE OF THE ADMINISTRATIVE BAR DATE

1. **Confirmation of the Plan.** On April __, 2003, the United States Bankruptcy Court for the Northern District of Illinois, Eastern Division (the "Bankruptcy Court") entered an order (the "Confirmation Order") confirming the First Amended Joint Plan of Reorganization of Kmart Corporation and Its Affiliated Debtors and Debtors-in-Possession, as modified, dated February 25, 2003 (the "Plan"), in the chapter 11 cases of the above-captioned debtors and debtors-in-possession (collectively, the "Debtors"). Unless otherwise defined in this Notice, capitalized terms and phrases used herein have the meanings given to them in the Plan and the Confirmation Order.

2. **Discharge of Claims and Termination of Interests.** Pursuant to section 1141(d) of the Bankruptcy Code, except as otherwise specifically provided in the Plan or in the Confirmation Order, the distributions and rights that are provided in the Plan shall be in complete satisfaction, discharge, and release, effective as of the Confirmation Date (but subject to the occurrence of the Effective Date), of Claims and Causes of Action, whether known or unknown, against, liabilities of, liens on, obligations of, rights against, and Interests in the Debtors or any of their assets or properties, regardless of whether any property shall have been distributed or retained pursuant to the Plan on account of such Claims, rights, and Interests, including, but not limited to, Claims and Interests that arose before the Confirmation Date, any liability (including withdrawal liability) to the extent such Claims relate to services performed by employees of the Debtors prior to the Petition Date and that arise from a termination of employment or a termination of any employee or retiree benefit

the Effective Date arising from, based on or relating to, in whole or in part, the subject matter of, or the transaction or event giving rise to, the Claim or Trust Preferred Obligation of such Release Obligor, and any act, omission, occurrence or event in any manner related to such subject matter, transaction or obligation; provided, however, that, (A) Article 12.5 of the Plan is subject to and limited by Article 12.10 of the Plan; (B) Article 12.5 of the Plan shall not release any Released Party from any Cause of Action held by a governmental entity existing as of the Effective Date, based on (i) the Internal Revenue Code or other domestic state, city or municipal tax code, (ii) the environmental laws of the United States or any domestic state, city or municipality, (iii) any criminal laws of the United States or any domestic state, city or municipality, (iv) the Exchange Act, the Securities Act, or other securities laws of the United States or any domestic state, city, or municipality, (v) the Employee Retirement Income Security Act of 1974, as amended, or (vi) the laws and regulations of the Bureau of Customs and Border Protection of the United States Department of Homeland Security; (C) Article 12.5 of the Plan shall not waive, impair or release any Claims or Causes of Action, if any, that any Release Obligor may have against any Released Party arising from a Trust Claim; and (D) Article 12.5 of the Plan shall not waive, impair or release any Securities Action, including, without limitation, all Subordinated Securities Claims against any Released Party, if any.

5. **Injunction.** Subject to Article 12.10 of the Plan, the satisfaction, release, and discharge pursuant to Article XII of the Plan shall act as an injunction against any Person commencing or continuing any action, employment of process, or act to collect, offset, or recover any Claim or Cause of Action satisfied, released, or discharged under the Plan to the fullest extent authorized or provided by the Bankruptcy Code, including, without limitation, to the extent provided for or authorized by sections 524 and 1141 thereof.

6. **Executory Contracts and Unexpired Leases to be Rejected.** Pursuant to Article 8.1 of the Plan, section 365 of the Bankruptcy Code and the Confirmation Order, the Debtors rejected, as of the Effective Date: (a) each Intercompany Executory Contract or Intercompany Unexpired Lease that (i) has been previously rejected by the Debtors by order of the Bankruptcy Court, (ii) is the subject of a motion to reject pending on or before the Effective Date, (iii) is listed on the schedule of rejected Intercompany Executory Contracts and Intercompany Unexpired Lease on Plan Exhibit L-1, or (iv) is otherwise rejected pursuant to the terms of the Plan; (b) each Employee-Related Agreement that (i) has not been previously assumed by the Debtors by order of the Bankruptcy Court, (ii) is not the subject of a motion to assume pending on or before the Effective Date, (iii) is not listed on the schedule of assumed Employee-Related Agreements on Plan Exhibit L-

with the procedures established by the Bankruptcy Code and prior orders of the Bankruptcy Court, the allowed amounts of such Professional Claims, Key Ordinary Course Professional Claims, and expenses shall be determined by the Bankruptcy Court. Upon the Effective Date, any requirement that Professionals or Key Ordinary Course Professionals comply with sections 327 through 331 of the Bankruptcy Code in seeking retention or compensation for services rendered after such date will terminate, and the Reorganized Debtors will employ and pay Professionals and Key Ordinary Course Professionals in the ordinary course of business.

c. Any Person who requests compensation or expense reimbursement for making a substantial contribution in the Chapter 11 Cases pursuant to sections 503(b)(3), (4), and (5) of the Bankruptcy Code must file an application with the clerk of the Bankruptcy Court on or before the forty-fifth (45th) day after the Effective Date (the "503 Deadline"), and serve such application on: (i) the undersigned counsel to the Debtors at the address listed below; (ii) counsel to the Official Unsecured Creditors' Committee: Otterbourg, Steindler, Houston & Rosen, P.C., 230 Park Avenue, New York, New York 10169, Attn: Glenn B. Rice, Esq. and Scott L. Hazan, Esq., and Winston & Strawn, 35 West Wacker Drive, Chicago, IL 60601-9703, Attn: Matthew J. Botica, Esq.; (iii) counsel to the Official Financial Institutions' Committee: Jones, Day, Reavis & Pogue, 901 Lakeside Avenue, Cleveland, Ohio 44144-1190, Attn: Richard M. Cieri, Esq. and Jones, Day, Reavis & Pogue, 77 West Wacker Drive, Chicago, Illinois 60601-1692, Attn: Paul E. Harner, Esq.; (iv) counsel to the Official Committee of Equityholders: Goldberg, Kohn, Bell, Black, Rosenbloom & Moritz, Ltd., 55 East Monroe Street, Suite 3700, Chicago, Illinois 60603, Attn: Randall L. Klein, Esq.; and (v) counsel to the Plan Investors: Wachtell, Lipton, Rosen & Katz, 51 West 52nd Street, New York, New York 10019, Attn: Scott K. Charles, Esq. and Weil, Gotshal & Manges, 767 Fifth Avenue, New York, NY 10153, Attn: Eric L. Schondorf and as otherwise required by the Bankruptcy Court and the Bankruptcy Code on or before the 503 Deadline, or be forever barred from seeking such compensation or expense reimbursement.

d. Notwithstanding the foregoing, no request for payment of an Administrative Claim need be filed with respect to an Administrative Claim arising in the ordinary course of business as a result of retail merchandise or services provided by trade vendors or service providers which is paid or payable by the Debtors in the ordinary course of business.

e. **Bar Date for Proofs of Claim.** If the rejection by the Debtors (pursuant to the Plan or otherwise) of an Intercompany Executory Contract, Intercompany Unexpired Lease, Employee-Related Agreement, or Other Executory