

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

PUBLIC RECORDS MEDIA, LLC,	:	
	:	
Plaintiff,	:	
	:	
v.	:	Civil Action No.17-cv-0142-RC
	:	
U.S. DEPARTMENT OF JUSTICE,	:	
	:	
Defendant.	:	
	:	

AFFADAVIT OF SERVICE

I hereby declare that service of the complaint in the above-captioned case has taken place in the following manner:

The U.S. Attorney’s Office for the District of Columbia was served the complaint by first class certified mail, return-receipt requested on January 30, 2017.


Attached to this affidavit is a copy of the original receipt concerning service of the complaint on the United States Attorney’s Office for the District of Columbia.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Respectfully submitted this 7th day of February 2017,

/s/
Scott A. Hodes
(D.C. Bar No. 430375)
P.O. Box 42002
Washington, D.C. 20015
Phone (301) 404-0502
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Attorney for Plaintiff

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <i>Emily Lane</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: US Attorney for D.C. 555 4th St NW Washington, DC 20530-0001	B. Received by (Printed Name) JAN 30 2017	C. Date of Delivery
 9590 9402 1611 6053 8001 04	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7016 0910 0000 0464 8282	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt