

SM EXHIBIT BB



INVESTIGATING OFFICER'S REPORT

PD 313-153 (REV. 1-87)-31

From: Sgt. Wilson Command: BNIU

Case Number: _____ Complaint Number: _____ Other: _____

Accompanying Investigator(s): NA

Case Investigator: Sergeant Wilson Command: PBN-IU

Subject: RECEIPT OF CERTIFIED MAIL

Time: 1330 Date: 06-17-10

On Thursday June 17, 2010, Sergeant Sondra Wilson received a receipt from the U.S Postal Service confirming that Police Officer Schoolcraft received the certified letter containing Charges and Specifications.

The certified receipt was signed by PO Schoolcraft on June 12, 2010. The U.S Postal, Certified Receipt will be placed in the case folder for review.

Invest. Off.
Rank & Sign.

[Signature]
Sgt. S. Wilson

Supr.

[Signature]
Lt. T. Hanley

WORK SHEET # 90

PAGE # 1 of 1

Rev 2-9-93 (dwg)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <u>MR. ADRIAN SCHOOLCRAFT</u>	B. Received by (Printed Name) <u>PO Schoolcraft</u>	C. Date of Delivery <u>6/12/10</u>
[Redacted]	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 serv/c <u>7001 0360 0001 2288 1591</u>)	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

E 101
4/10/14
(Tractor)