## UNITED STATES DISTRICT COURT FOR THE DISTRICT OF SOUTH CAROLINA AIKEN DIVISION

SAVANNAH RIVER SITE WATCH, TOM	)	No. 1:21-cv-01942-MGL
CLEMENTS, THE GULLAH/GEECHEE SEA	)	
ISLAND COALITION, NUCLEAR WATCH	)	
NEW MEXICO. And TRI-VALLEY	)	
COMMUNITIES AGAINST A RADIOACTIVE	)	
ENVIRONMENT,	)	
,	)	AFFIDAVIT OF SERVICE
Plaintiffs,	)	
	)	
v.	)	
	)	
UNITED STATES DEPARTMENT OF	)	
ENERGY, JENNIFER GRANHOLM, in her	)	
official capacity as the Secretary, The	)	
NATIONAL NUCLEAR SECURITY	)	
ADMINISTRATION and CHARLES VERDON,	)	
in his official capacity as Acting Administrator,	)	
	)	
Defendants.	)	
	)	

On July 16, 2021, I Leslie S. Lenhardt, Attorney for Plaintiffs, served the Summons and Complaint in the above-captioned action on Defendants, National Nuclear Security Administration and Charles Verdon, Acting Administrator, by mailing the Summons and Complaint to: Defendants National Nuclear Security Administration; Charles Verdon, Acting Administrator; the United States Attorney in the South Carolina District of Columbia; and the Attorney General of the United States, by certified/registered mail (return receipt attached).

s/ Leslie S. Lenhardt

1:21-cv-01942-MGL	Date Filed 07/30/21	Er	ntry N ⊇	Number 8	Page 2 of	3
		PS Form 3811, July 2015 PSN 7530-02-000-9053	013 3020 0001 8900 7393	Number 8  9590 9402 4453 8248 0525 71	National Nuclear Security Administration Charles Verdon, Acting Administrator 1000 Independence Ave, SW Washington DC 20585	SENDER: COMPLETE THIS SECTION  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.
		Domestic Return Receipt	□ Collect on Delivery Restricted Delivery □ Signature Confirmation     □ Insured Mail Restricted Delivery □ Restricted Delivery     (over \$500)	11	If YES, enter delivery address below:	A. Signature  C. Date of Delivery  D. Is delivery address different from item 1?  C. Date of Delivery

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2. Article Number (Transfer from service Jahan) 1:0 0090 0100 0100 0114 0100 0100 0100 010	Merrick B Garland  Attorney General of the United States  United States Department of Justice  O 950 Pennsylvania Avenue NW  Washington DC 20530	SENDER: COMPLETE THIS SECTION  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.	02 4453 8248 0525 57  Transfer from service lahen  0 1 8900 7416	SENDER: COMPLETE THIS SECTION  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.  1. Article Addressed to:  2. United States Attorney, District of Columbia of Main Street, Suite 500  3. Of the province of the mailpiece, or on the front if space permits.  1. Article Addressed to:  2. Article Addressed to:  3. Article Addressed to:  4. Article Addressed to:  4. Article Addressed to:  5. Article Addressed to:  6. Article Addressed to:  8. Article Addressed to:  9. Article Addressed to:  1. Article Addressed to:  2. Article Addressed to:  3. Article Addressed to:  4. Article Addressed to:  4. Article
□ Adult Signature     □ Adult Signature Restricted Delivery     □ Adult Signature Restricted Delivery     □ Certified Mail®     □ Certified Mail®     □ Certified Mail Restricted Delivery     □ Collect on Delivery     □ Collect on Delivery Restricted Delivery     □ Collect on Delivery Restricted Delivery     □ Insured Mail     □ Insured Mail Restricted Delivery     □ Collect on Delivery     □ Collect on Delivery Restricted Delivery     □ Collect on De	D. Is delivery address different from item 1?  Yes If YES, enter delivery address below:  No	COMPLETE THIS SECTION ON DELIVERY  A. Signature  X  Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery	3. Service Type  Adult Signature  Adult Signature Restricted Delivery  Certified Mail Restricted Delivery  Cellect on Delivery  Collect on Delivery Restricted Delivery  Collect on Delivery Restricted Delivery  Signature Confirmation  Insured Mail Restricted Delivery  Delivery  Signature Confirmation  Restricted Delivery  Domestic Return Receipt  Signature Confirmation  Restricted Delivery  Domestic Return Receipt  Domestic Return Receipt	A. Signature  Adjust  Addressee  B. Received by (Pfinted Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Polivery  Addresse  B. Received by (Pfinted Name)  C. Date of Name  Addresse  C. Date of Name  Addresse  B. Received by (Pfinted Name)  C. Date of Name  Addresse  B. Received by (Pfinted Name)  C. Date of Name  Addresse  B. Received by (Pfinted Name)  C. Date of Name  Addressee  C. Date of Name  Addressee  D. Is delivery address below:  No

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