

EXHIBIT G

RETURN OF SERVICE

RE: File No. 10 SEC 179

The undersigned certifies that service of process was completed by mailing a copy of the Subpoena Duces Tecum by certified mail, return receipt requested, addressed to Naima Stevenson, Office of Legal Affairs, National Collegiate Athletic Association, at 700 West Washington Street, Indianapolis, Indiana 46204 and delivered to the above named addressee, on July 30, 2011.

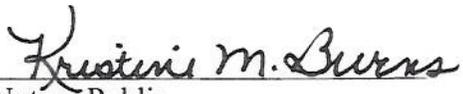
Process was in fact received on the 3<sup>rd</sup> day of August 2011, as evidenced by the attached return receipt, Article Number 70110470000035169758 and a printout from the United States Postal Service's Website Track & Confirm service.

  
\_\_\_\_\_  
John Lynch  
Special Agent  
N.C. Department of the Secretary of State

WAKE COUNTY, NORTH CAROLINA

Sworn to and Subscribed before me this the 2<sup>nd</sup> day of September, 2011.



  
\_\_\_\_\_  
Notary Public  
NAME Kristine M. Burns

My commission expires: 2-11-2012

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p>NAJMA STEVENSON  NC AA  700 WEST WASHINGTON  INDIANAPOLIS, IN  46204</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>T. McCollum 8-3-11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number  (Transfer from service label)</p> <p>7011 0470 0000 3516 9758</p>	<p>3. Service Type</p> <p><input checked="" 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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**YOUR LABEL NUMBER**

7011047000035169758

**SERVICE**

First-Class Mail®

**STATUS OF YOUR ITEM**

Delivered

**DATE & TIME**

August 03, 2011, 2:45 pm

**LOCATION**

INDIANAPOLIS, IN 46204

**FEATURES**

Expected Delivery By:  
August 2, 2011  
Certified Mail™  
Return Receipt

Processed through Sort  
Facility

August 03, 2011, 3:50 am

INDIANAPOLIS, IN 46206

Acceptance

July 30, 2011, 9:46 am

RALEIGH, NC 27615

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RETURN OF SERVICE

RE: File No. 10 SEC 179

The undersigned certifies that service of process was completed by mailing a copy of the Subpoena Duces Tecum by certified mail, return receipt requested, addressed to Dr. Mark Emmert, President, National Collegiate Athletic Association, at 700 West Washington Street, Indianapolis, Indiana 46204 and delivered to the above named addressee, on July 30, 2011.

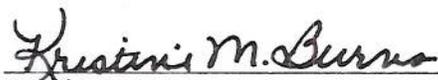
Process was in fact received on the 3<sup>rd</sup> day of August 2011, as evidenced by the attached return receipt, Article Number 70110470000035169765 and a printout from the United States Postal Service's Website Track & Confirm service.

  
\_\_\_\_\_  
John Lynch  
Special Agent  
N.C. Department of the Secretary of State

WAKE COUNTY, NORTH CAROLINA

Sworn to and Subscribed before me this the 2<sup>nd</sup> day of September, 2011.



  
\_\_\_\_\_  
Notary Public  
NAME Kristine M. Burns

My commission expires: 2-11-2012

**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:

DR. MARK EMMERT, PRES  
NCAA  
700 WEST BATHINGEN ST  
INDIANAPOLIS, IN  
46204

2. Article Number

(Transfer from service label)

7011 0470 0000 3516 9765

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

\* *TAS McCollum*

Agent

Addressee

B. Received by (Printed Name)

TAS McCollum

C. Date of Delivery

8-3-11

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

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GET EMAIL UPDATES PRINT DETAILS

YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
70110470000035169765	First-Class Mail®	Delivered	August 03, 2011, 2:45 pm	INDIANAPOLIS, IN 46204	<b>Expected Delivery By:</b> August 2, 2011 Certified Mail™ Return Receipt
		Processed through Sort Facility	August 03, 2011, 3:50 am	INDIANAPOLIS, IN 46206	
		Acceptance	July 30, 2011, 9:47 am	RALEIGH, NC 27615	

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**RETURN OF SERVICE**

RE: File No. 10 SEC 179

The undersigned certifies that service of process was completed by mailing a copy of the Subpoena Duces Tecum by certified mail, return receipt requested, addressed to Dr. Nathan Hatch, National Collegiate Athletic Association Division I Board of Directors, c/o Wake Forest University at 211 Reynolda Hall, Winston-Salem, North Carolina 27109 and delivered to the above named addressee, on July 30, 2011.

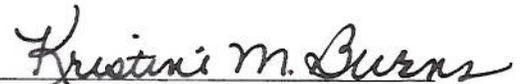
Process was in fact received on the 1st day of August 2011, as evidenced by the attached return receipt, Article Number EG763629525US and a printout from the United States Postal Service's Website Track & Confirm service.

  
\_\_\_\_\_  
John Lynch  
Special Agent  
N.C. Department of the Secretary of State

WAKE COUNTY, NORTH CAROLINA

Sworn to and Subscribed before me this the 2<sup>nd</sup> day of September, 2011.



  
\_\_\_\_\_  
Notary Public  
NAME Kristine M. Burns

My commission expires: 2-11-2012

**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:  
DR. NATHAN HATCH  
c/o LAKE FOREST UNIV.  
211 REYNOLDA HALL  
WILKES-BALEEM, NC  
27109

2. Article Number  
(Transfer from service label) **EG 763629525 US**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Joe Corbett*  Agent  
 Addressee

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

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
AUG 07 2011  
WILKES-BALEEM, NC 27109

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

4. Restricted Delivery? (Extra Fee)  Yes

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YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
EG763629525US	Express Mail®	Delivered	August 01, 2011, 9:02 am	WINSTON SALEM, NC 27102	<b>Guaranteed By:</b> August 1, 2011, 12:00 PM Return Receipt Proof of Delivery
		Arrival at Unit	August 01, 2011, 7:21 am	WINSTON SALEM, NC 27102	
		Processed through Sort Facility	July 31, 2011, 4:48 am	GREENSBORO, NC 27498	
		Processed through Sort Facility	July 30, 2011, 5:25 pm	RALEIGH, NC 27676	
		Acceptance	July 30, 2011, 9:44 am	RALEIGH, NC 27615	

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