

**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:

Tom Siegel  
MDNR  
7545 S. Lindbergh Blvd.  
Ste. 210  
St. Louis, Missouri 63125

2. Article Number

(Transfer from service label)

7002 0860 0006 5961 1658

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *J. Heisler*

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

JUN 03 2004

D. Is delivery address different from item 1?  YesIf 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**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:

Registered Agent  
JMB. No. 2, L.L.C.  
Harold Tzinberg  
168 N. Meramec, 4<sup>th</sup> Floor  
St. Louis, MO 63105

2. Article Number

(Transfer from service label)

7002 0860 0006 5961 1641

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *J. M. Zinberg*

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

Friel

6-2

D. Is delivery address different from item 1?  YesIf 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**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:

Mr Kevin Mohammad, Chief  
Enforcement Section Water Pollution  
Control Program - MDNR  
PO Box 176  
Jefferson City, Missouri 65102

2. Article Number

(Transfer from service label)

7002 0860 0006 5961 1672

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1035

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Kevin Mohammad*

- 
- Agent
- 
- 
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

JUN 1 2004

D. Is delivery address different from item 1?  YesIf 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