SENDER: COMPLETE THIS SECTION		· · · · · · · · · · · · · · · · · · ·
Complete items 1, 2, and 3. Also con item 4 if Restricted Delivery is desire	mplete A. Signature	Agent
Print your name and address on the	reverse A Heller	Addressee
so that we can return the card to you Attach this card to the back of the m	nalipiece.	C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item	
1. Article Addressed to:	If YES, enter delivery address below:	
Tom Siegel	[
MDNR		_
7545 S. Lindbergh Blvd.		
Ste. 210 St. Louis, Missouri 63125	3. Service Type	
	Certified Mail Registered	billingr Merchandise
	Insured Mail C.O.D.	
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label)	7002 0860 0006 5961 1658	——————————————————————————————————————
PS Form 3811, August 2001	Domestic Return Receipt	102595-02-M-1035
.,		1020002-141-1000
		`
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER	RY
Complete items 1, 2, and 3. Also comp	olete A. Signature	
item 4 if Restricted Delivery is desired. Print your name and address on the re	v 2 M W	Agent Addressee
so that we can return the card to you.	B. Received by (Printed Name) C.	Date of Delivery
Attach this card to the back of the main or on the front if space permits.		
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below:	? □ Yes □ No
· · · · · · · · · · · · · · · · · · ·		•
Registered Agent		
JMB. No. 2, L.L.C. Harold Tzinberg		·
168 N. Meramec, 4 th Floor	3. Service Type	
St. Louis, MO 63105	Certified Mail Express Mail Registered Receipt	for Merchandise
	4. Restricted Delivery? (Extra Fee)	Yes
. Article Number	7002 0860 0006 5961 1641	- · ·
(Transfer from service label)		
S Form 3811 , August 2001	Domestic Return Receipt	102595-02-M-1035
		+
NDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also compl	ete Minature	
tem 4 if Restricted Delivery is desired. Print your name and address on the rev	erse William Miguna	Agent · · · · · · · · · · · · · · · · · · ·
so that we can return the card to you.	B. Received by (Printed Name) C. D	ate of Delivery
Attach this card to the back of the mailp or on the front if space permits.		
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below:	□ Ŷes □ No
		•
Mr Kevin Mohammad, Chief Enforcement Section Water Pollutio	n	×
Enforcement Section water Politik Control Program – MDNR		•
PO Box 176	3. Service Type	 ,
Jefferson City, Missouri 65102	Gertified Mail Express Mail	•
	Registered Receipt to Insured Mail C.O.D.	r Merchandise
		`
	Restricted Delivery? (Extra Fee)	□ Yes `
Article Number	4. Restricted Delivery? (Extra Fee)	☐ Yes