• Sender: Please print your name, address, and ZIP+4 in this box •

USEPA-REGION II

290 Broadway - 16th H.

New York, N.Y. 10007-1866

ATTh: KAREN Maples RHC

•	and the second s
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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>	A. Signature  X. Herfor Mencles DAddressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery
Article Addressed to:	/D. is delivery address different from item 1?
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