

*Stericycle Inc.*

*CAA 13-01*

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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:

Robert T. Smith  
 Shannon Broome  
 Charles Knauss  
 Katten Muchin Rosenman LLP  
 2900 K Street, NW - North Tower,  
 Suite 200  
 Washington, D.C. 20007

A. Signature  Agent  
*x [Signature]*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 \_\_\_\_\_ 11-18

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?  Yes

2. Article Number

(Transfer from service label)

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