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. Received by (Please Print Clearly)  B. Date of Delivery  2 2 3 0 7  C. Signature  Agent  Addressee
Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
lames E. Twomey	
920 61 <sup>st</sup> Street	TSCA-05-2007-0004
Kenosha, Wisconsin 53143	
	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7001 0320 0006 0198 4753	
PS Form 3811, March 2001 Domestic Ret	urn Receipt 102595-01-M-1424
U.S. Postal Service	
Sonja Brooks-Woodard E-13J  TSCA-05-2007-0004  Postage \$ ///	
City, State. ZIP+4 Kenosha, Wisc	consin 53143
PS Form 3800. January 2001	See Reverse for Instructions