

**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:

Kimberly Angelico, President  
Connecticut Transfer Company, LLC  
80 Morehouse Road  
Easton, CT 06612

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Mark Angelico*

Agent

Addressee

B. Received by (Printed Name)

*Mark Angelico*

C. Date of Delivery

*11/12/09*

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt *BLA-01-2009-0052* 102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

Judy Lao-Ruiz  
Acting, Regional Hearing Clerk  
US EPA - Region 1  
5 Post Office Square - Suite 100  
Mail Code: ORA18-1  
Boston, MA 02109

