

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:

Mr. Douglas Paulino
 9-11 Orange St.
 Hartford, CT 06106

2. Article Number
(Transfer from service label)

7007 0710 0000 8136 2686

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Douglas Paulino*

 Agent
 Addressee

B. Received by (Printed Name)

D. PAULINO

C. Date of Delivery

10/6/09

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

D

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merch
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE

HARTFORD CT 06101

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

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

Catherine Smith, SEN
U.S. EPA
1 Congress St., Suite 1100
Boston, MA 02114-2023

