


- 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:

  
 Christine Davis, President  
 Camtek, Inc.  
 2402 East Empire Street  
 Bloomington, Illinois 61704

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2. Article Number (Transfer from service label)

7011 1150 0000 2643 9057

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1E

A. Signature  Agent  Addressee

B. Received by (Printed Name)  C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No

YES, enter delivery address below:  No

U.S. ENVIRONMENTAL PROTECTION AGENCY

3. Service Type  Registered Mail  Express Mail  Return Receipt for Merchandise  Insured Mail  C.O.D.


4. Restricted Delivery? (Extra Fee)  Yes

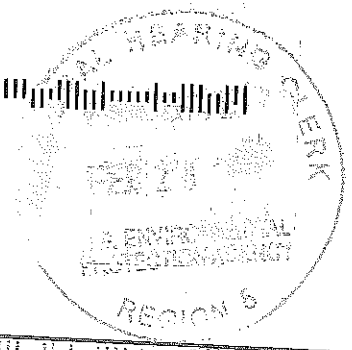
UNITED STATES POSTAL SERVICE



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

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

  
 LADAWN WHITEHEAD  
 REGIONAL HEARING CLERK  
 U.S. EPA - REGION 5 - E19J  
 77 WEST JACKSON BLVD  
 CHICAGO, IL 60604



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