
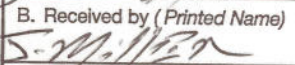
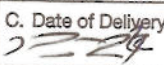
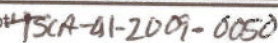


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  </p> <p>B. Received by (Printed Name)  </p> <p>C. Date of Delivery  </p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Neil A. Salonen  President  The University of Bridgeport  126 Park Avenue  Bridgeport, CT 06604</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail        <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>7008 1140 0002 9708 1282</p>
<p>PS Form 3811, February 2004      Domestic Return Receipt  102595-02-M-1540</p>	

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Judy Lao-Ruiz  
US EPA Region 01 (HBS)  
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Boston, MA 02114