

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7005 1820 0005 4855 8985

Postage \$		Postmark Here 5/27/10
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
To	Joseph F. Guida Guidea, Slavich & Flores, P.C. 750 N. St. Paul St., Suite 200 Dallas, TX 75201-3205 Docket NO.: RCRA-08-2009-0002	
Street		
City		

PS Form 3811, June 2002 See Reverse for Instructions

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:

MAY 27 2010

Joseph F. Guida
Guidea, Slavich & Flores, P.C.
750 N. St. Paul St., Suite 200
Dallas, TX 75201-3205
Docket NO.: RCRA-08-2009-0002

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COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

Stroger

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

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PS Form 3811, February 2004 Domestic Return Receipt 102505-02-01-1540