

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:

Leonard Bicknell
 Alvin Hollis & Co
 1 Hollis Street
 South Weymouth, MA
 02190

2. Article Number

(Transfer from service label)

7007 0710 0000 8201 2863

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1560

COMPLETE THIS SECTION ON DELIVERY

A. Signature

David Carnevale Agent
 Addressee

B. Received by (Printed Name)

DAVID CARNEVALE

C. Date of Delivery

2/1/09

D. Is delivery address different from item 1?

If YES, enter delivery address below Yes No

EPCRA-01-2009-0089

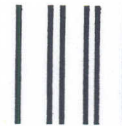
3. Service Type

- Certified Mail Express Mail
- Registered 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 •

SER

Limor Weizmann
 EPA Region 1- Mail Code SER
 1 Congress Street
 Suite 1100
 Boston, MA 02114

