

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

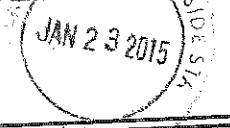
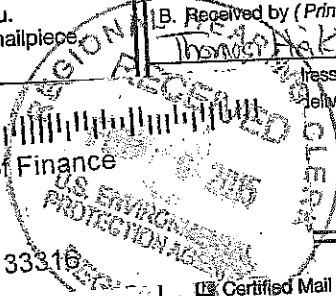
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

A. Signature  
 X *Thomas Heikkinen*  Agent  Addressee

B. Received by (Printed Name) *Thomas Heikkinen* C. Date of Delivery *1/23/15*

Address different from item 1?  Yes  No  
 Delivery address below:

Tom Heikkinen, Director of Finance  
 Skytanking USA, Inc.  
 910 SE 17th Street, #201  
 Fort Lauderdale, Florida 33316



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

4. Restricted Delivery? (Extra Fee)  Yes

*EPCRA 05 2015 0004*

2. Article Number  
 (Transfer from service label)

*7009 1680 0000 7663 9576*

PS Form 3811, February 2006

Domestic Return Receipt

102595-02-M-1540

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  
 U.S. EPA - REGION 5 - E19J  
 77 WEST JACKSON BLVD  
 CHICAGO, IL 60604

