

7014 1200 0000 6120 9418

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here <b>FEB -8 2024</b>  <b>Muehlberger</b>
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<b>To:</b> Sent To Timothy Wilson 2400 N. Grand Blvd. Street, Apt. No.; St. Louis, MO 63106: or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2006 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:

**Timothy Wilson**  
**2400 N. Grand Blvd.**  
**St. Louis, MO 63106**

## 2. Article Number

(Transfer from service)

7014 1200 0000 6120 9418

PS Form 3811, July 2013

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

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

## 3. Service Type

☒ Certified Mail® ☐ Priority Mail Express™☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ Collect on Delivery

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

SAINT LOUIS MO 630

24 FEB 2024 PM 5 L

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

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

**ORC**

**Milady Peters**

**US ENVIRONMENTAL PROTECTION AGENCY**

**Region 7**

**11201 Renner Boulevard**

**Lenexa, KS 66219**

**Muehlberger**

