

SAMMY-MAR LLC

UIC PERMIT NO. 15-02

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.

1. Article Addressed to:

Shawn Agosti
187 Horseshoe Drive
Penfield, PA 15849

A. Signature
 Shawn Agosti Agent
 Addressee

B. Received by (Printed Name) *Shawn Agosti* C. Date of Delivery *2/23/16*

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

2. Article Number
 (Transfer from service label)

7008 3230 0000 9476 6418

ENVIR. APPEALS BOARD
 2016 MAR 08 PM 03
 RECEIVED
 U.S. DEPT. OF JUSTICE