Stericycle INC	CAA 13-01
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>Cindy King</li> <li>Concerned Salt Lake City Area Residents Against Stericycle Incinerator</li> <li>2963 South 2300 East Salt Lake City, Utah 84109</li> </ul> </li> </ul>	A. Signature  X. C. Agent Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 12  Yes  If YES, enter delivery address below:  3. Service Type Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
自己的 医多种性 医多种性 医多种性 医多种性 医多种性 医多种性 医多种性 医多种性	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7003 1	680 0000 5220 <b>1</b> 729
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540