

8

BEACON PARK YARD

NPDES NO. 05-13

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Thomas Anderson, Counsel
 CSX Transportation, Inc.
 500 Water Street, J-150
 Jacksonville, FL 32202

4a. Article Number

7099340000153263173

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

5 3 85

5. Signature (Addressee)

Thomas Anderson

8. Addressee's Address (Only if requested and fee is paid)

53 10

6. Signature (Agent)

Thank you for using Return Receipt Service.