

Del. Environmental Corp. of Indiana C/SL 12-01

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<p> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;"> <i>Patrick J. Thomas Sawik, LLP 9200 South Hills Blvd. Suite 300 Cleveland, OH 44147</i> </p>	<p>A. Signature</p> <p style="margin-left: 20px;"><i>Danielle L. Goggs</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="margin-left: 20px;"><i>Danielle L. Goggs</i> APR 18 2001</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <div style="background-color: #ccc; height: 15px; width: 100%;"></div>	<p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>
<p>PS Form 3811, August 2001</p>	<p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">Domestic Return Receipt</p> <p style="text-align: right;">2ACPRI-03-P-4081</p>