Stericycle INC	CAA 13-01
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. Article Addressed to: Cindy King Concerned Salt Lake City Area Residents Against Stericycle Incinerator 2963 South 2300 East Salt Lake City, Utah 84109 	A. Signature X. Curry Jung Addressee B. Received by (Printed Name) C. Date of Delivery Lindy Finger D. Is delivery address different from item 12. I Yes
	If YES, enter delivery address below: 57 IC IV PEALS PI ALS
	3. Service Type Express Mail Certified Mall Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7003 1	L&O 0000 5220 1729
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540

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