

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	A. Signature <input checked="" type="checkbox"/> <i>Rand Clunt</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Geoffrey Wheeler, President Jelliff Corporation 354 Pequot Avenue Southport, CT 06890 <i>ERCRA-01-2009-0096</i>	B. Received by (Printed Name) <i>RAND CLUNT</i> C. Date of Delivery <i>9-21</i> D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>Box 758 Southport, CT 06890</i>
2. Article Number <i>(Transfer from service label)</i>	3. Service Type <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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7002 0860 0000 6597 5375

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Amelia Welt Katzen OES/SEL
 U.S. EPA - Region 1
 1 Congress Street, Suite 1100
 Boston, MA 02114-2023

AWK

