

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

John A. Christopher
City Solicitor
199 Rosewood Dr., Suite 350
Danvers, MA 01923
Docket No. CWA-01-2009-0076

2. Article Number
(Transfer from service label)

7008 1140 0002 9708 1305

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Mary Ouellet-Jud

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

1/20/10

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes