

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece or on the front if space permits. <b>20/2008</b></li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>X Lois A Keady</b></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>Lois A Keady</b></p> <p>C. Date of Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>8/21/08</b></p>
<p>1. Article Addressed to:</p> <p>Jack Christiansen            Jerry Street Apartments            1060 North Blader Court            Castle Rock, CO 80104</p> <p>BUCKET NO.: TSCA-08-2008-0010</p> <p><b>RC</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Service Type <input 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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p><b>7007 3020 0003 3320 6756</b></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 02285-02-99-1540</p>	