

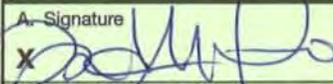
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EPA REGION VI

Attorney: Ellen Chang-Vayner
SDWA-06-2012-1213

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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"/>  <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>
1. Article Addressed to: Mr. Frank Mangano Tammany Mobile Home Park Water System P.O. Box 578 Slidell, LA 70459-1238	B. Received by (Printed Name) C. Date of Delivery Jordan Mangano 1/25/12
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	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
	7010 2780 0002 4356 9639 Domestic Return Receipt 102595-02-M-1540