Regional Hea U.S. EPA 77 W. Jacks Chicago IL	60604
AN ASVISORY DE LA CONTRACTION	
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.	A. Signature  X. A. Signature  Addressee  B. Beceived by (Printed Name)  C. Date of Pelivery  Addressee  D. Service  D. Service  D. Service  D. Service  D. Registered  D. Return Receipt for Merchandise  D. Irisard Mail  C.O.D.

(Transfer from service label)
PS Form 3811, February 2004

2. Article Number

Domestic Return Receipt

2014-0030

4. Restricted Delivery? (Extra Fee)

7009 1680 0000 7674 4973

102595-02-M-1540

🗆 Yes