SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reveso that we can return the card to you. Attach this card to the back of the mailping. 	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits. 1. Article Addressed to: Herbert J. Armbrust	D. Is delivery address different from item 1?
Omana, No coast	3. Service Type Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
Article Number (Transfer from service label)	006 2760 0000 8651 0136
PS Form 3811, February 2004 Don	nestic Return Receipt 102595-02-M-1540





UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
Region 7
901 N. 5th Street
Kansas City, Kansas 66101
OFFICIAL BUSINESS
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