

In the Matter of John Laughter  
Docket Number TSCA-01-2010-007

Exhibit 2  
Signed return receipt card

**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 Laughter  
17 Gano Ave.  
Johnston, RI 02919

2. Article Number  
(Transfer from service label) **7008 1830 0002 8345 1965**

PS Form 3811, February 2004

Domestic Return Receipt

102598-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

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

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To

John Laughter  
Street, Apt. No.,  
or PO Box No. 17 Gano Ave.  
City, State, ZIP+4  
Johnston, RI 02919

PS Form 3800, August 2005 See Reverse for Instructions