SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature ☐ Agent
Print your name and address on the reverse so that we can return the card to you.	X ☐ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: NOV - 1 2011 Sanjay V. Patel 2409 East Pikes Peak Avenue Apt 168 Colorado Springs, CO 80909	B. Received by (Printed Name) C. Date of Delivery
	D. Is delivery address different from item 1? If YES, entandelivery address below: No No No No No No No No No N
	3. Service Type USPS ☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2 Article Number	
(Transfer from service label)	3410 0000 2594 4918 Return Receipt 102595-02-M-1540
(Transfer from service label) PS Form 3811, February 2004 UNITED STATES POSTAL SERVICE * Sender: Please print your name of the service process.	Return Receipt 102595-02-M-1540 First-Class Mail Postage & Fees Paid USPS Permit No. G-10 ne, address, and ZIP+4 in this box •
PS Form 3811, February 2004 Domestic F UNITED STATES POSTAL SERVICE * Sender: Please print your nan	First-Class Mail Postage & Fees Paid USPS Permit No. G-10 ne, address, and ZIP+4 in this box •
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