

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. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Ruth E. Jenne</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Address addressed to:</p> <p style="text-align: center;">Sean Fitzgerald Office of the Town Manager Plaistow Town Hall 145 Main Street Plaistow, NH 03865</p>		<p>B. Received by (Printed Name) C. Date of Delivery <i>RUTH E. JENNE</i> _____</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <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.	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7008 1140 0002 9708 3330</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt <i>CWA-01-2009-0078</i> 102565-02-01-1540</p>	

UNITED STATES POSTAL SERVICE

POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE NEEDED IF MAILED IN THE UNITED STATES

First-Class Mail
Postage & Fees Paid
USPS
Permit No. 0-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Judy Lao
Acting, Regional Hearing Clerk
US EIA Region 1
1 Congress. Street, Suite 1100 (RAA)
Boston, MA 02114

[Handwritten Signature]