

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. 	A. Received by (Please Print Clearly) <i>Elizabeth Rich</i>	B. Date of Delivery <i>4-15-10</i>	
	C. Signature X <i>Elizabeth Rich</i>		
<p>1. Recipient's name and address (Print or type)</p> <p>Elizabeth Gamsky Rich Elizabeth Gamsky Rich & Associates SC 637 Walton Drive, Suite 1 Plymouth, Wisconsin 53073 (920) 892-2449</p>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<p>2. Article Number (Transfer from service label) <i>TSCA-05-2010-0006 Complete Answer</i></p> <p>7001 0320 0006 0188 0338</p>		
<p>3. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, March 2001 Domestic Return Receipt</p>		<p>102595-01-M-1424</p>	

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	C. Signature X <i>Lorraine J. Baker</i>		
<p>1. Recipient's name and address (Print or type)</p> <p>Lisa C. Paul Attorney at Law 309 North Water Street, Suite 160 Milwaukee, Wisconsin 53202</p>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<p>2. Article Number (Transfer from service label) <i>TSCA-05-2010-0006 Complete Answer</i></p> <p>7001 0320 0006 0188 0321</p>		
<p>3. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, March 2001 Domestic Return Receipt</p>		<p>102595-01-M-1424</p>	