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 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. Article Addressed to: 	A. Signatur X Agent Agent Addressee B. Received by (Printed Name) AUG 2 0 2019 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Northeast Utilities Service Company	
P.O. Box 270 Hartford, CT06141-0270 Docket No. TSCA-01-2010-0021	Service Type Gertified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7008 1830 0002 8344 9061	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	