

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:

Kimberly Angelico, President
 Connecticut Transfer Company, LLC
 80 Morehouse Road
 Easton, CT 06612

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Mark Angelico* Agent Addressee

B. Received by (Printed Name)
Mark Angelico 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

2. Article Number
 (Transfer from service label)

7008 1830 0002 8345 4676

PS Form 3811, February 2004

Domestic Return Receipt

TSCA-09-0052

102595-02-M-1540

UNITED STATES POSTAL SERVICE



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

WABS

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

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

