

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:

TSCA-07-2011-0011

Christopher W. Goddard
Associate General Counsel
Washington University in St. Louis
Campus Box 8037, 660 S. Euclid
St. Louis, Missouri 63110

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Christopher Goddard 9/1/11

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
(Transit)

7004 2510 0006 9719 9217

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540