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.

Tom Heikkinen, Director of Finance
Skytanking USA, Inc.
910 SE 17th Street, #201
Fort Lauderdale, Florida 33316

EPCRA 05 2015 0005

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tom Heikkinen ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tom Heikkinen C. Date of Delivery 1/23/15

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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☑ 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) 7009 1680 0000 7663 9583

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

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

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

LADAWN WHITEHEAD
U.S. EPA - REGION 5 - E19J
77 WEST JACKSON BLVD
CHICAGO, IL 60604

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