

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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Carla P. Roscoe</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Carla P. Roscoe</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to: <i>Rebekah Lacey Arthur Kreiger Anderson & Kreiger, LLP one Canal Park, Suite 200 Cambridge, Mass. 02141</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <i>7001 2510 0008 9368 9089</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt *CWA-01-2009-0071* 102595-02-M-1540

UNITED STATES POSTAL SERVICE
DEC 2008 PM 2
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address and ZIP+4 in this box •
*Sally Burt
U.S. EPA
5 POCH Square
Mail Code ORA 18-1
Boston, MA. 02109*

