

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.

Article Addressed to:
Gabriel Handy
JIDDU/SITTU Trust
66 College Parkway
Colchester, VT 05446

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *KAT GARROW* Agent
 Addressee

B. Received by (Printed Name) *KAT GARROW* C. Date of Delivery *12/9/07*

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

Article Number
(Transfer from service label) *7000 1530 0004 9927 6056*

3 Form 3811, February 2004 Domestic Return Receipt *CWA-06-2007-0090* 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 •

1584

Judy Lao-Ruiz
Acting, Regional Hearing Clerk
US EPA - Region 1
5 Post Office Square - Suite 100
Mail Code: ORA18-1
Boston, MA 02109-3912

