

**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:

John Polich, P.E.  
 President  
 Gabriel Environmental  
 Services  
 1421 N. Elston Ave.  
 Chicago, IL 60622

## 2. Article Number

(Transfer from service label)

7001 0320 0005 8917 7659

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

S. Scardina 5/11/07

C. Signature

X S. Scardina  Agent  AddresseeD. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  NoMickey's Home Towel  
 EPCRA - 05-2007-0016

## 3. Service Type

 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**U.S. Postal Service  
 CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0005 8917 7659

BROWN WARD E-13J

Postage	\$ 97
Certified Fee	265
Return Receipt Fee (Endorsement Required)	215
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 577</b>



Sent To: John Polich, P.E.  
 Street, Apt. No., or PO Box No.: 1421 N. ELSTON AVE.  
 City, State, ZIP+4: CHICAGO, IL 60622

PS Form 3800, January 2001

See Reverse for Instructions