	· · · · · · · · · · · · · · · · · · ·		
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	ERY
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	Chignature Machine	3. Date of Delivery  Agent Addressee
	1. Article Addressed to: Michael Mathie	5. Is delivery address different from item. If YES, pater Wings after the best	Yes No
	Mothie Energy Supply Co. Inc P.O. Box 334	NOV 1 4 2012	
	Perry, Michigan 48872	DESCRIPTION ALL HEARING	LERK AL offor Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
	2. Article Number (Coov from service label)		
	PS Form 3811, July 1999 Domestic Re	turn Receipt	102595-99-M-1789
	CTATES DOOTAL SERVICE		· .
ONITED	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 USEPA 77 W. Jackson Blvd. (E-19J) Chicago, IL 60604