SENDER: COMPLETE THIS SECTION	COMPIETE THIS SECTION ON DELIVERY
<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> <li>Article Addressed to: 4/19/07 B.M.</li> <li>AC 2007-042 Steve Harrenberg Waste Management of Peoria</li> </ul>	B. Received by (Printed Name) D. Is delivery address different from item 1? YES, enter delivery address below: No
P.O. Box 2506 L 3560 East Washington Street	3. Service Type
East Peoria, IL 61611	Certified Mail     Express Mail     Registered     Return Receipt for Merchandise     Insured Mail     C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service labe, 7001 1140 0002	7489 2723
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

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