

**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: 12/4/08 B.M.

AS 2008-005

Mary A. Gade

USEPA - Region 5

77 W. Jackson Blvd.

Chicago, IL 60604-3590

2. Article Number

*(Transfer from service label)*

7008 1830 0003 9908 7720

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*L Owens* Agent AddresseeB. Received by (*Printed Name*)*L Owens*

C. Date of Delivery

*12-10-08*D. Is delivery address different from item 1?  YesIf 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