RECEIVED
JUN 21 2017
OFFICE OF THE REGIONAL ADMINISTRATOR

EXHIBIT 2

7016 2710 0000 9117 8767

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

RUTLAND, VT 05701

OFFICIAL USE

Certified Mail Fee $3.35
$ $2.75
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ $0.00
- ☐ Return Receipt (electronic) $ $0.00
- ☐ Certified Mail Restricted Delivery $ $0.00
- ☐ Adult Signature Required $ $0.00
- ☐ Adult Signature Restricted Delivery $

Postage $1.82
$
Total Postage and Fees $7.92
$

Postmark Here
FEB 13 2017
02/13/2017
BOSTON MA 02196

Sent To
Edwin Johnson, Casella Waste Systems, Inc.
Street and Apt. No., or PO Box No.
25 Greens Hill Lane
City, State, ZIP+4®
Rutland, VT 05701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Edwin Johnson
Casella Waste Systems, Inc.
25 Greens Hill Lane
Rutland, VT 05701

9590 9402 2497 6306 2163 61

2. Article Number (Transfer from service label)
7016 2710 0000 9117 8767

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X P Toler
☐ Agent
☐ Addressee

B. Received by (Printed Name) P Toler
C. Date of Delivery 2-15-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

7016 2710 0000 9117 8781

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

RUTLAND, VT 05701

OFFICIAL USE

Certified Mail Fee $3.35
$ $2.75
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ $0.00
- ☐ Return Receipt (electronic) $ $0.00
- ☐ Certified Mail Restricted Delivery $ $0.00
- ☐ Adult Signature Required $ $0.00
- ☐ Adult Signature Restricted Delivery $

Postage $1.82
$
Total Postage and Fees $7.92
$

Postmark Here
FEB 13 2017
02/13/2017
BOSTON MA 02196

Sent To
John Casella, Southridge Recycling & Disposal Park
Street and Apt. No., or PO Box No.
25 Greens Hill Lane
City, State, ZIP+4®
Rutland, VT 05701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Case 4:17-cv-40

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Casella
Southbridge Recycling & Disposal Park
25 Greens Hill Lane
Rutland, VT 05701

9590 9402 2497 6306 2163 47

2. Article Number (Transfer from service label)

7016 2710 0000 9117 8781

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X P Toher ☐ Agent ☐ Addressee

B. Received by (Printed Name) P Toher C. Date of Delivery 2-15-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
d Mail Restricted Delivery
500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 2710 0000 9117 8774

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

RUTLAND, VT 05701
OFFICIAL USE

Certified Mail Fee $3.35
$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $ $0.00
☐ Return Receipt (electronic) $ $0.00
☐ Certified Mail Restricted Delivery $ $0.00
☐ Adult Signature Required $ $0.00
☐ Adult Signature Restricted Delivery $
Postage $1.82
$
Total Postage and Fees $7.92
$

Postmark Here
FEB 13 2017
02/13/2017
BOSTON MA 02198

Sent To
John Casella, Casella Waste Systems, Inc.
Street and Apt. No., or PO Box No.
25 Greens Hill Lane
City, State, ZIP+4®
Rutland, VT 05701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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 Casella
Casella Waste Systems, Inc.
25 Greens Hill Lane
Rutland, VT 05701

9590 9402 2497 6306 2163 54

2. Article Number (Transfer from service label)

7016 2710 0000 9117 8774

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X P Toher ☐ Agent ☐ Addressee

B. Received by (Printed Name) P Toher C. Date of Delivery 2-15-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
Mail Restricted Delivery
00)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 2710 0000 9117 8798

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

SOUTHBRIDGE, MA 01550

OFFICIAL USE

Certified Mail Fee $3.35
$ $2.75
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ $0.00
- ☐ Return Receipt (electronic) $ $0.00
- ☐ Certified Mail Restricted Delivery $ $0.00
- ☐ Adult Signature Required $ $0.00
- ☐ Adult Signature Restricted Delivery $

Postage $1.82
$
Total Postage and Fees $7.92
$

Postmark Here
FEB 13 2017
02/13/2017
MILK STREET STATION
BOSTON MA 02109

Sent To
Ron San Angelo, Southbridge Town Manager
Street and Apt. No., or PO Box No.
41 Elm St., Second Floor
City, State, ZIP+4®
Southbridge, MA 01550

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Ron San Angelo, Town Manager
Town of Southbridge
41 Elm St., Second Floor
Southbridge, MA 01550

9590 9402 2497 6306 2163 30

2. Article Number (Transfer from service label)

7016 2710 0000 9117 8798

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery ($500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 2710 0000 9120 2356

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

BOSTON, MA 02110

OFFICIAL USE

Certified Mail Fee $3.35
$ $2.75
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ $0.00
- ☐ Return Receipt (electronic) $ $0.00
- ☐ Certified Mail Restricted Delivery $ $0.00
- ☐ Adult Signature Required $ $0.00
- ☐ Adult Signature Restricted Delivery $

Postage $1.82
$
Total Postage and Fees $7.92
$

Postmark Here
FEB 13 2017
02/13/2017
MILK STREET STATION
BOSTON MA 02109

Sent To
Southbridge Recycling & Disposal Park Corp.
Street and Apt. No., or PO Box No.
155 Federal St., Suite 700
City, State, ZIP+4®
Boston, MA 02110

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Case 4:17-cv-4

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

or on the front if space permits.

1. Article Addressed to:

Southbridge Recycling & Disposal Park, Inc.
c/o CT Corporation System
155 Federal St., Suite 700
Boston, MA 02110

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) D Roche
C. Date of Delivery FEB 14 2017

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7016 2710 0000 9120 2356

PS Form 3811, July 2013 Domestic Return Receipt

7016 2710 0000 9120 2349

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

BOSTON, MA 02110 OFFICIAL USE

Certified Mail Fee $3.35
$ $2.75

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $ $0.00
☐ Return Receipt (electronic) $ $0.00
☐ Certified Mail Restricted Delivery $ $0.00
☐ Adult Signature Required $ $0.00
☐ Adult Signature Restricted Delivery $ $0.00

Postage $1.82
$

Total Postage and Fees $7.92
$

Postmark Here
FEB 13 2017
02/13/2017

Sent To
Casella Waste Systems c/o CT Corporation System
Street and Apt. No., or PO Box No.
155 Federal St., Suite 700
City, State, ZIP+4®
Boston, MA 02110

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

or on the front if space permits.

1. Article Addressed to:

Casella Waste Systems, Inc.
c/o CT Corporation System
155 Federal St., Suite 700
Boston, MA 02110

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) CHRIS BUTLER
C. Date of Delivery FEB 14 2017

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

2. 7016 2710 0000 9120 2349

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7016 2710 0000 9117 8835

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

BOSTON, MA 02108

OFFICIAL USE

Certified Mail Fee $3.35
$ $2.75

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ $0.00
- ☐ Return Receipt (electronic) $ $0.00
- ☐ Certified Mail Restricted Delivery $ $0.00
- ☐ Adult Signature Required $ $0.00
- ☐ Adult Signature Restricted Delivery $

Postage $1.82
$

Total Postage and Fees $7.92
$

Postmark Here
FEB 13 2017
02/13/2017
BOSTON MA 02196

Sent To
Douglas Fine, Massachusetts DEP
Street and Apt. No., or PO Box No.
One Winter St., 2nd Floor
City, State, ZIP+4®
Boston, MA 02108

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Douglas Fine, Assistant Commissioner,
Bureau of Water Resources
Massachusetts DEP
One Winter St., 2nd Floor
Boston, MA 02108

9590 9402 2497 6306 2162 86

2. Article Number (Transfer from service label)
7016 2710 0000 9117 8835

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery

RECEIVED
FEB 16 2017
MassDEP

D. Is delivery address different from item 12? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 2710 0000 9120 2332

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

WORCESTER, MA 01606

OFFICIAL USE

Certified Mail Fee $3.35
$ $2.75

Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ $0.00
- ☐ Return Receipt (electronic) $ $0.00
- ☐ Certified Mail Restricted Delivery $ $0.00
- ☐ Adult Signature Required $ $0.00
- ☐ Adult Signature Restricted Delivery $

Postage $1.82
$

Total Postage and Fees $7.92
$

Postmark Here
FEB 13 2017
02/13/2017
BOSTON MA 02196

Sent To
Mary Jude Pigsley, Mass DEP
Street and Apt. No., or PO Box No.
8 New Bond St.
City, State, ZIP+4®
Worcester, MA 01606

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Case 4:17-cv-40

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mary Jude Pigsley, Central Region Director
Massachusetts DEP
8 New Bond St.
Worcester, MA 01606

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

RECEIVED
FEB 15 2017
MADEP-CERO

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. 7016 2710 0000 9120 2332

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

BOSTON, MA 02108

OFFICIAL USE

Certified Mail Fee $3.35
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) $0.00
☐ Return Receipt (electronic) $0.00
☐ Certified Mail Restricted Delivery $0.00
☐ Adult Signature Required $0.00
☐ Adult Signature Restricted Delivery $
Postage $1.82
Total Postage and Fees $7.92

Postmark Here
FEB 13 2017
02/13/2017
BOSTON MA 02108

7016 2710 0000 9117 8828

Sent To
Commissioner Martin Suuberg, Mass DEP
Street and Apt. No., or PO Box No.
One Winter St, 2nd Floor
City, State, ZIP+4®
Boston MA 02108

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Commissioner Martin Suuberg
c/o Stephanie Cooper, Chief of Staff
Massachusetts DEP
One Winter St., 2nd Floor
Boston, MA 02108

9590 9402 2497 6306 2162 93

2. Article Number (Transfer from service label)
7016 2710 0000 9117 8828

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

RECEIVED
FEB 16 2017
MassDEP

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 2710 0000 9117 8842

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

BOSTON, MA 02108

OFFICIAL USE

Certified Mail Fee $3.35
$ $2.75
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ $0.00
- ☐ Return Receipt (electronic) $ $0.00
- ☐ Certified Mail Restricted Delivery $ $0.00
- ☐ Adult Signature Required $ $0.00
- ☐ Adult Signature Restricted Delivery $

Postage $1.82
$
Total Postage and Fees $7.92
$

Postmark Here
FEB 13 2017
02/13/2017
BOSTON, MA 02196

Sent To
Nancy Seidman, Mass
Street and Apt. No., or PO Box No.
One Winter St., 2nd Floor
City, State, ZIP+4®
Boston, MA 02108

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Nancy Seidman, Assistant Commissioner
Bureau of Air & Waste
Massachusetts DEP
One Winter St., 2nd Floor
Boston, MA 02108

9590 9402 1496 5329 2950 81

2. Article Number (Transfer from service label)
7016 2710 0000 9117 8842

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery

RECEIVED
FEB 16 2017
MassDEP

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery ($500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 2710 0000 9117 8804

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

WASHINGTON, DC 20460

OFFICIAL USE

Certified Mail Fee $3.35
$ $2.75
Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) $ $0.00
- ☐ Return Receipt (electronic) $ $0.00
- ☐ Certified Mail Restricted Delivery $ $0.00
- ☐ Adult Signature Required $ $0.00
- ☐ Adult Signature Restricted Delivery $

Postage $1.82
$
Total Postage and Fees $7.92
$

Postmark Here
FEB 13 2017
02/13/2017
BOSTON, MA 02196

Sent To
Catherine McCabe, U.S. EPA
Street and Apt. No., or PO Box No.
1200 Pennsylvania Ave. NW (Mail Code 1101A)
City, State, ZIP+4®
Washington, DC 20460

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Case 4:17-cv-40

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Catherine McCabe, Acting Administrator
U.S. Environmental Protection Agency
Office of the Administrator,
Mail Code 1101A
1200 Pennsylvania Ave, NW
Washington, DC 204640

9590 9402 2497 6306 2163 16

2. Article Number (Transfer from service label)

7016 2710 0000 9117 8804

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mail Management ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

FEB 24 2017

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7016 2710 0000 9117 8811

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.
BOSTON, MA 02109
OFFICIAL USE

Certified Mail Fee $3.35	
$	
Extra Services & Fees (check box, add fee as appropriate)	
☐ Return Receipt (hardcopy) $	
☐ Return Receipt (electronic) $	
☐ Certified Mail Restricted Delivery $	Postmark Here
☐ Adult Signature Required $	
☐ Adult Signature Restricted Delivery $	
Postage $1.82	
$	
Total Postage and Fees $7.92	02/13/2017
$	

Sent To
Deborah Szaro, U.S. EPA Region 1
Street and Apt. No., or PO Box No.
5 Post Office Square, Suite 100
City, State, ZIP+4®
Boston, MA 02109-3912

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Deborah Szaro,
U.S. EPA Region 1
5 Post Office Square, Suite 100
Boston, MA 02109-3912

9590 9402 2497 6306 2163 09

2. Article Number (Transfer from service label)

7016 2710 0000 9117 8811

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X P.W. ☐ Agent ☐ Addressee

B. Received by (Printed Name) P.W. C. Date of Delivery 2-14-17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt