

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:

JAMES PATNUADE
55 HARBOR ROAD
HAMPTON NH 03842

199209019

2. Article Number

(Transfer from service label)

7016 1970 0000 4865 4019

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Signature]

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

J. PATNUADE

C. Date of Delivery

11/3/18

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

NOV 07 2018

Oil Remediation & Compliance Bureau

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540