

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: EC #3728  
 Mr. E. Greg Kent *RO1147*  
 California Custom Carpets  
 6815 Dublin Blvd.  
 Dublin CA 94568

4a. Article Number  
 P 029 244 576

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery *5/11/94*

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]* *5/11/94*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

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- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: EC *RO1147*  
 Mr. E. Greg Kent  
 6815 Dublin Blvd.  
 Dublin CA 94568

4a. Article Number  
 P: 029 244 626

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery *4-6-94*

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)  
*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 \*U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

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- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: EC #3728  
 Mr. E. Greg Kent *RO1147*  
 6815 Dublin Blvd.  
 Dublin CA 94568

4a. Article Number  
 P 386 338 390

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery *7/8/94*

5. Signature (Addressee)  
*[Signature]*

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 \*U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE

Official Business



ALCO  
HAZMAT

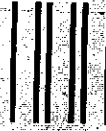
94 MAY 12 PM 1:10

Print your name, address and ZIP Code here

DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION  
80 SWAN WAY, SUITE 200  
OAKLAND, CA 94621  
430 - 4530

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE \$300



ALCO  
HAZMAT

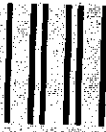
94 APR -8 PM 1:37

Print your name, address and ZIP Code here

DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION  
80 SWAN WAY, SUITE 200  
OAKLAND, CA 94621  
430 - 4530

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE \$300



ALCO  
HAZMAT

94 JUL 12 PM 4: 8

Print your name, address and ZIP Code here

Alameda County  
Hazardous Materials  
80 Swan Wy., #200  
Oakland CA 94621