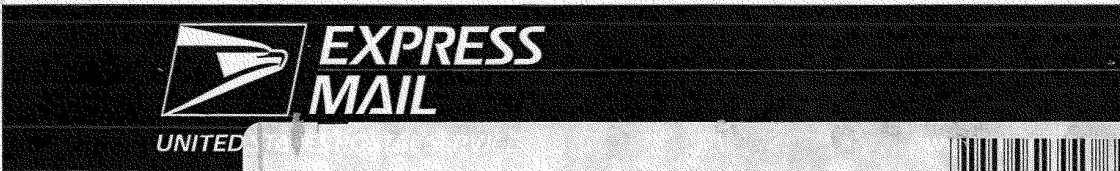


HAND  
DELIVERED  
COPY RETURNED

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**MAIL**

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**POST OFFICE  
TO ADDRESSEE**

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| ORIGIN (POSTAL USE ONLY)                                                         |                                                                                  |                                                | DELIVERY (POSTAL USE ONLY)                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                    |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------|
| PO ZIP Code                                                                      | Day of Delivery<br><input type="checkbox"/> Next <input type="checkbox"/> Second | Flat Rate Envelope<br><input type="checkbox"/> | Delivery Attempt                                                                                                                                                                                                                                                                                                                                                                                              | Time<br>Mo. Day AM <input type="checkbox"/> PM | Employee Signature |
| Date In                                                                          | <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM                   | Postage                                        | Delivery Attempt                                                                                                                                                                                                                                                                                                                                                                                              | Time<br>Mo. Day AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day Year                                                                     | Military                                                                         | Return Receipt Fee                             | Delivery Date                                                                                                                                                                                                                                                                                                                                                                                                 | Time<br>Mo. Day AM <input type="checkbox"/> PM | Employee Signature |
| <input type="checkbox"/> AM <input type="checkbox"/> PM                          | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day                | COD Fee Insurance Fee                          | <input type="checkbox"/> <b>WAIVER OF SIGNATURE</b> (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (If delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. |                                                |                    |
| Weight<br>lbs. ozs.                                                              | Int'l Alpha Country Code                                                         | Total Postage & Fees                           | <input type="checkbox"/> <b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Customer Signature                                                                                                                                                                                                                                                     |                                                |                    |
| No Delivery<br><input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Acceptance Clerk Initials                                                        |                                                |                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                    |

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TO FILE A CLAIM FOR DAMAGE OR LOSS OF CONTENTS, YOU MUST PRESENT THE ARTICLE, CONTAINER, AND PACKAGING TO THE USPS FOR INSPECTION.

| FROM: (PLEASE PRINT)                                                                                          | PHONE ( ) | TO: (PLEASE PRINT)                                                               | PHONE ( ) |
|---------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------|-----------|
| NYC DEPARTMENT OF ENVIRONMENTAL PROTECTION<br>5917 JUNCTION BLVD FL 3<br>FLUSHING NY 11368-5108<br>(ASBESTOS) |           | 55 Ann Street Co.<br>c/o Leonard Schussel<br>55 Ann Street<br>New York, NY 10038 |           |

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Name  
Notice  
Signature

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