

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:

67-18~~A~~Fardy
MR. JAMES E. CHALFANT
EQUITY LIQUIDATORS
3720 N. WASHINGTON BLVD.
INDIANAPOLIS, IN 46205

2. Article #

7002 3150 0003 3224 4976

PS Form 3811, July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Mandy Carr 4-19-05

C. Signature

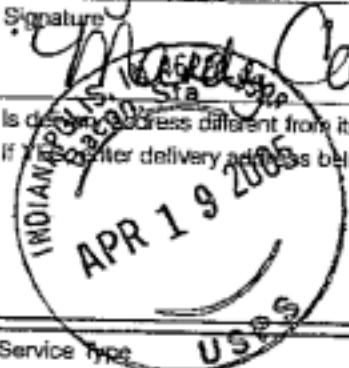
X *Mandy Carr* Agent Addressee

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.

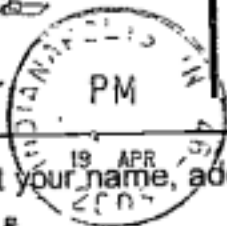
4. Restricted Delivery? (Extra Fee) Yes



#31

102585-00-M-0962

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

67-18 ksimonson
IDEM/LUST Section
100 North Senate Avenue
Indianapolis, IN 46204

45



PLEASE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.

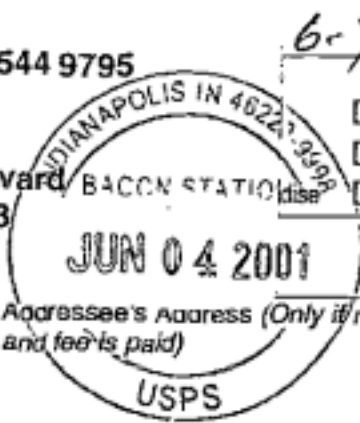
I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3.

67-18 jm Cert. #S7099 3220 0003 2544 9795
EQUITY LIQUIDATORS
 Attn: James E. Chalfant
 3720 North Washington Boulevard
 Indianapolis, Indiana 46203



Certified
 Insured
 COD

5. Received By: (Print Name)
 6. Signature: (Address of Agent)

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

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

67-18 c/o J. Cantrell
 DEM-LUST Section / 11th Floor
 100 North Senate Avenue
 P.O. Box 6015
 Indianapolis, Indiana 46204

U.S. POSTAGE
 (Do not write)

Artic

7099 3220 0003 2544 9795

Postage \$ 1.96
 Certified Fee 1.50
 Return Receipt Fee (Endorsement Required)

INDIANAPOLIS, IN
 JUN 01 2001

Postmark Here

67-18 jm Cert. #S7099 3220 0003 2544 9795
EQUITY LIQUIDATORS
 Attn: James E. Chalfant
 3720 North Washington Boulevard
 Indianapolis, Indiana 46203

PLAGE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.

Do you wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

67-1B jmCert. #7000 0520 0023 5048 9566
EQUITY LIQUIDATORS
Attn: James E. Calfant
3720 North Washington
Indianapolis, Indiana 46205

4a. Article Number

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

JAN 17 16 - 01

5. Received By: (Print Name)

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

8. Signature: (Addressee or Agent)
James E. Calfant

Thank you for using Return Receipt Service.

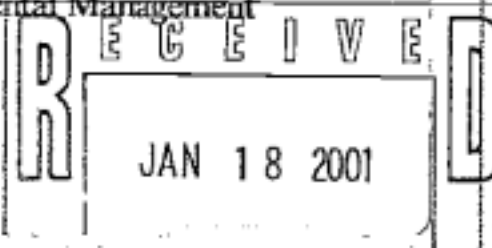
UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

67-18
Indiana Department of Environmental Management
LUST Section
100 North Senate Avenue
P. O. Box 7015
Indianapolis, IN 46207-7015



100M
LEAD-CONTAINING UNDERGROUND STORAGE TANK GROUP



SENDER: COMPLETE THIS SECTION

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- 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:

67-18 (jm)
EQUITY LIQUIDATORS
Attn: James E. Chalfant
3720 North Washington
Indianapolis IN 46205

#7000 0520 0023 5046

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Del.

James E. Chalfant 10-10

C. Signature Agent Addressee

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

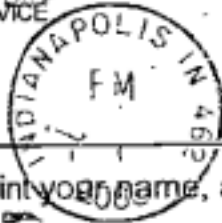


3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

67-18
Indiana Department of Environmental Management
LUST Section
100 North Senate Avenue
P. O. Box 7015
Indianapolis, IN 46207-7015

