

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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- 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.

A. Signature  Agent  
 Addressee  
*[Handwritten Signature]*

B. Received by (Printed Name) C. Date of Delivery  
 LISA BERNDT 12/14/09

Address different from item 1?  Yes  
 delivery address below  No

GARDEN STREET IRON & METAL  
 C/O MR ROB WEBER  
 3350 METRO PKWY  
 FORT MYERS FL 33902

RECEIVED  
 DEC 14 2009  
 D.E.P. South District

*Permit - Garden Street*

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

7008 0500 0000 7774 1796 Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) *GAM/SC 0296251-001-WT/02 #98386*