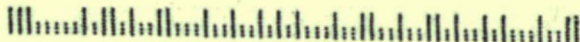


• Print your name, address, and ZIP Code in this box •

DEM  
Office of Waste Mgmt.  
235 Promenade Street  
Providence, RI 02908

APR - 6 2000

OFFICE OF WASTE MANAGEMENT



**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

3. Article Addressed to:

George Dubois  
 JED Delta Corp.  
 99 Allen St.  
 Woonsocket, RI 02895

4a. Article Number

320293952

4b. Service Type

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

7. Date of Delivery

APR 05 2000

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

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

MCO  
4300

Z 320 293 952

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <i>George Dubois</i>	
Street & Number	
Post Office, State, & ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
<b>TOTAL Postage &amp; Fees</b>	<b>\$</b>
Postmark or Date <i>MCO</i> <i>4300</i>	

PS Form 3800, April 1995

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 •

R.I. Dept. of Environmental Mgmt.  
Office of Waste Management  
235 Promenade Street  
Providence, RI 02908-5767

2003 NOV 10 PM 12:52

RECEIVED  
D.E.M. / O.W.M.

- 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:

George Dubois  
JED Delta Corp.  
99 Allen Street  
Woonsocket, RI  
02895

2. Article Number

(Transfer from service label)

7000 1670 0002 6111 3036

MC011303

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

NOV 05 2003

C. Signature

X

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



RHODE ISLAND  
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

235 Promenade Street, Providence, RI 02908-5767

TDD 401-222-4462

CERTIFIED MAIL

November 3, 2003

George Dubois  
JED Delta Corporation  
99 Allen Street  
Woonsocket, RI 02895

RE: JED Delta Corporation, 99 Allen Street, Woonsocket, RI (ST 3944)

Dear Mr. Dubois:

On September 1, 2000 this office required the submittal of an Expanded Site Investigation Report for the above-referenced facility. To date this office has not received any correspondence regarding the investigation. The Department is requiring a written status letter on your activities relating to this facility within seven days. Failure to supply a status letter before November 12, 2003 will result in the issuance of a formal enforcement action. Please contact me at 277-2797, Ext. 7118, if you have any questions regarding this matter.

Sincerely,

Michael Cote  
Office of Waste Management  
Underground Storage Tank Program

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To	George Dubois
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	MCO 11303

PS Form 3800, May 2000 See Reverse for Instructions

7000 1670 0002 6111 3036  
9E0E 1119 2000 0470 0002