

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:

Paul R. DeRensis
 DERENSIS & HOLLAND, P.C.
 One Design Center Place
 Suite 600
 Boston, MA 02210

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (*Printed Name*) C. Date of Delivery

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

2. Article Number
 (Transfer from service label)

7008 1140 0002 9708 3408

PS Form 3811, February 2004

Domestic Return Receipt *CWA-2009-0070*

102595-02-M-1540

UNITED STATES POSTAL SERVICE



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

VHBS

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

Judy Lao
 Acting, Regional Hearing Clerk
 US EPA Region 1
 1 Congress Street, Suite 1100 (RAA)
 Boston, MA 02114

