

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:

Mr. Dwain Colvin
 Dover Chemical Corporation
 3676 Dover Road NW
 Dover, Ohio 44622

TSCA -05-2011-0010

2. Article Number
(Transfer from service label)

7009 1680 0000 7666 6718

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Starla Brown* B. Date of Delivery *6-23-11*

C. Signature *[Signature]* Agent Addressee

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

RECEIVED
JUN 27 2011

REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL PROTECTION AGENCY

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE

First Class Mail
 Postage & Fees Paid
 USPS
 Permit No. 910

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

RECEIVED
 JUN 27 2011
 REGIONAL HEARING CLERK
 U.S. ENVIRONMENTAL PROTECTION AGENCY

Regional Hearing Clerk (E-19J)
 U.S. EPA
 97 W. Jackson Blvd.
 Chicago IL 60604

