

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. Received by (Please Print Clearly)	B. Date of Delivery 8-5-11
1. Article Addressed to:	C. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
Mr. Melvin Gaines 4102 Garrison Road Toledo, Ohio 43613	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YEB, enter delivery address below <input checked="" type="checkbox"/> No	
	RECEIVED AUG 08 2011	
	3. Service type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7009 1680 0000 7665 8584	
PS Form 3811, March 2001 Domestic Return Receipt 102505-01-M-14		

UNITED STATES POSTAL SERVICE

TOLEDO, OH 436

05 AUG 2011 PM 3 T

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

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

RECEIVED
AUG 08 2011
REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY

Regional Hearing Clerk (E.O. 9145)
U.S. EPA
77 W. Jackson Blvd.
Chicago IL 60604

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