

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p><b>REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY</b></p> <p>William Schikora, Attorney Delphi Corporation 5825 Delphi Drive Mail Code 480-410-166 Troy, MI 48098-2815</p> <p><i>CERCLA-05-2009-0004 EPCRA-05-2009-0013 MM-05-2009-0004</i></p>	<p>C. Signature</p> <p><i>x [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number</p> <p>(Transfer from service label) 7001 0320 0006 0188 9072</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p> <p><i>SC-6J J. Entzminger</i></p>		

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<p>1. Article Addressed to:</p> <p><b>REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY</b></p> <p>Robert S. Miller, CHB-CEO Delphi Corporation 5825 Delphi Drive Troy, Michigan 48098</p> <p><i>CERCLA-05-2009-0004 EPCRA-05-2009-0013 MM-05-2009-0004</i></p>	<p>C. Signature</p> <p><i>x [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
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<p>2. Article Number</p> <p>(Transfer from service label) 7001 0320 0006 0188 9096</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p> <p><i>SC-6J J. Entzminger</i></p>		