

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
1. Article Addressed to: Richard Lehman J & J Cores, LLC 22375 Oxford Township Rd Newcomerstown, OH 43832 CAA-05-2009-0031	C. Signature X Rhonda Shaffer Is delivery address different from item 1? If YES, enter delivery address below: PO Box 547 Newcomerstown OH 43832	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt or Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001	7001 0320 0006 0103 1608 REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY Domestic Return Receipt 102595-01-M-1424	

RECEIVED
 SEP 11 2009
 REGIONAL HEARING CLERK
 U.S. ENVIRONMENTAL
 PROTECTION AGENCY

SEP 11 2009