



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION I  
5 Post Office Square, Suite 100  
Boston, Massachusetts 02109-3912

RECEIVED  
FEB 03 2010  
EPA ORC WS  
Office of Regional Hearing Clerk

February 3, 2011

Wanda Santiago, Regional Hearing Clerk  
U.S. Environmental Protection Agency, Region I  
5 Post Office Square - Suite 100 (Mail Code ORA18-1)  
Boston, Massachusetts 02109-3912

Re: Harbour Industries, LLC, Docket No. CAA-01-2011-0016

Dear Ms. Santiago:

Please file the enclosed green card, PS Form 3811, as proof of service of the Complaint and Notice of Opportunity for Hearing in Docket No. CAA-01-2011-0016. I enclose an extra copy.

I certify that this day I have served a copy by first class mail on:

Susan Franzetti, Esq.  
Nijman Franzetti LLP  
10 South LaSalle St., Suite 3600  
Chicago, IL 60603

Sincerely,

A handwritten signature in blue ink, appearing to read "Thomas T. Olivier".

Thomas T. Olivier  
Senior Enforcement Counsel

Encl.

cc: Susan Franzetti, Esq.

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. Signature  <i>Lauratt Sautau</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lauratt Sautau</i> C. Date of Delivery <i>1/21/11</i></p>
<p>1. Article Addressed to:</p> <p>Dennis Dodd, President  Harbour Industries, LLC  4744 Shelburne Rd.  Shelburne, VT 05482</p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If YES, enter delivery address below:  <i>PO Box 188  Shelburne VT 05482</i></p> <p>3. Service Type  <input checked="" 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p><b>7010 0780 0001 9837 6807</b></p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

**RECEIVED**  
**FEB 03 2011**  
EPA ORC  
Office of Regional Hearing Clerk  
WS

UNITED STATES POSTAL SERVICE

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

4-3

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

**JAN 21 2011**

Tom Olivier, OES04-3  
U.S. EPA  
5 Post Office Square, Suite 400  
Boston, MA 02109-3912