

UNITED STATES POSTAL SERVICE

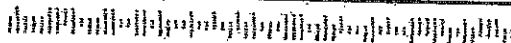
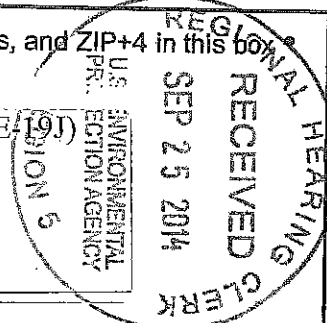
22 SEP 14  
PM 3 L



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

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

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



**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. Arthur Holman  
Holman Brothers Painting  
111 East Main Street  
Elida, Ohio 45807-1040

**TSCA-05-2014-0021**

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *Arthur Holman*  Agent  Addressee
- B. Received by (Printed Name) *Arthur Holman* C. Date of Delivery *9/22/14*
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:



3. Service Type **REGION 5**
- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7009 1680 0000 7674 3778

Domestic Return Receipt

102595-02-M-1540