

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  <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Malinda R. Lawrence            Attorneys at Law            One Portland Square            Portland, Maine 04112-0586</p>		<p>B. Received by (Printed Name) <i>SAILOPAK</i> C. Date of Delivery</p>	
		<p>D. Is delivery address different from the address on the label? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>Bill Chiron</i></p> <p><i>Copy &amp; send Bill then scan</i></p>	
<p>2. Article Number (Transfer from service label) <b>7007 2560 0000 7501 6039</b></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt <i>TSCA-01-2009-0101</i> 102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE



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

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

RECEIVED

2007 JAN 13 A 10:15  
 Judy Lao-Ruiz  
 Acting, Regional Hearing Clerk  
 US EPA - Region 1  
 5 Post Office Square - Suite 100  
 Mail Code: ORA18-1  
 Boston, MA 02109

