

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:

Norman Sousa, President
 The Sousa Corporation
 1045 New Britain Avenue
 West Hartford, CT 06110

2. Article Number
 (Transfer from service label)

7008 1140 0002 9708 3545

PS Form 3811, February 2004

Domestic Return Receipt

EPCRA-01-2009-0049

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE

STAMFORD CT 063



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

02 SEP 2009 PM 25

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

Judy Lao
 Acting, Regional Hearing Clerk
 US EPA Region 1
 1 Congress Street, Suite 1100 (RAA)
 Boston, MA 02114