

**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:

DeFrey J. Toeppe, VP  
Wisconsin Plating Works of Racine  
6020 Standard St.  
Racine, WI 53403

RCRA-05-2009-0009

2. Article Number

(Transfer from service label)

7001 0320 0006 01&7 6263

PS Form 3811, March 2001

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

~~JEFFREY~~ ROBERT J. TOEPE

B. Date of Delivery

C. Signature

X

Agent

Addressee

Yes

No

Is delivery address different from item 1?  
If Yes, enter delivery address below:

RECEIVED  
JUL 27 2009 2 2009  
WISCONSIN 53403

REGIONAL HEARING CLERK  
U.S. ENVIRONMENTAL  
PROTECTION AGENCY

Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-01-M-1424

Domestic Return Receipt