

**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:

Andrew Kolesar  
Christopher Wiest  
Thompson Hine LLP  
312 Walnut Street, 14th Floor  
Cincinnati, Ohio 45202  
Docket No. RCRA-01-2011-0124

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
**X** *R Jones*  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

2. Article Number  
(Transfer from service label)

7010 1670 0000 2319 2627

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540