

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:

David B. Losee
Halloran & Sage LLP
One Goodwin Square
225 Asylum Street
Hartford, CT 06103

2. Article Number
(Transfer from service label)

7008 1140 0002 9708 3538

PS Form 3811, February 2004

Domestic Return Receipt

TSCA-01-2009-0050

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
[Handwritten Signature] Agent
 Addressee
- B. Received by (Printed Name) *Rodney HARDAW* C. Date of Delivery *11/13*
- 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

SOUTHERN CT DIST



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

• 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

[Handwritten Signature]

