

RECEIVED  
REGIONAL HEARING CLERK  
US EPA REGION V

2008 OCT -8 AM 9:50

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>	A. Received by (Please Print Clearly) <b>Dan MacLeod</b>		B. Date of Delivery <b>10-1-05</b>
	C. Signature <b>X Dan MacLeod</b>		<input type="checkbox"/> Agent
1. Article Addressed to: <b>JOHN A. BIEWER COMPANY, INC. 812 S. RIVERSIDE STREET ST. CLAIR, MI 48079 Registered Agent Richard Biewer</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
2. Article Number (Transfer from service label) <b>7001 0320 0005 8922 3561</b>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, March 2001		Domestic Return Receipt	
		102595-01-M-1424	

RCRA-05-2008-0007

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<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>	A. Received by (Please Print Clearly) <b>Dan MacLeod</b>		B. Date of Delivery <b>10-1-08</b>
	C. Signature <b>X Dan MacLeod</b>		<input type="checkbox"/> Agent
1. Article Addressed to: <b>Registered Agent TIMOTHY BIEWER BIEWER LUMBER LLC 812 S. RIVERSIDE STREET ST. CLAIR, MI 48079</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
2. Article Number (Transfer from service label) <b>7001 0320 0005 8922 3578</b>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, March 2001		Domestic Return Receipt	
		102595-01-M-1424	