

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:

Mr. Paul E. Sicula
 Atinsky, Sicula & Teper
 135 West Wells Street, Suite 604
 Milwaukee, Wisconsin 53203

TSCA-05-2012-0003

2. Article Number
(Transfer from service label)

7009 1680 0000 7671 5676

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-N

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Judith Dettler NOV-4-2011

C. Signature Agent Address

D. Delivery address different from item 1? Yes No

RECEIVED NOV - 7 2011

3. Service type
 Certified mail Registered Insured Mail C.O.D.
 Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. 640

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

Regional Hearing Clerk (E-19)
 U.S. EPA
 77 W. Jackson Blvd.
 Chicago IL 60604

RECEIVED
 NOV - 7 2011
 REGIONAL HEARING CLERK
 U.S. ENVIRONMENTAL
 PROTECTION AGENCY

