

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> <p>1. Article Addressed to:  <b>CWA-05-2010-0008</b>  <b>Allen Barry</b>  <b>Mr. Tim Barry @/b/a</b>  <b>Allen Barry Livestock</b>  <b>P.O. Box 1085</b>  <b>Byron, FL 61010</b></p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Allen Barry</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <b>ALLEN BARRY</b></p> <p>C. Date of Delivery  <b>8-14-10</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>RECEIVED</b>  <b>AUG 16 2010</b></p> <p><b>REGIONAL HEARING CLERK</b>  <b>U.S. ENVIRONMENTAL</b>  <b>PROTECTION AGENCY</b></p> <p>Service Type:  <input 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label) <b>7001 0320 0006 0292 5311</b></p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

**CWA-05-2010-0008**