

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:

Krista L. Hawley
 Beveridge & Diamond
 15 Walnut Street, Suite 400
 Wellesley, MA 02481-2133

2. Article Number
(Transfer from service label)

7008 1140 0002 9708 3293

PS Form 3811, February 2004

Domestic Return Receipt *CWA-01-2009-0077* 02595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

M FORESTAL

C. Date of Delivery

9/29

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



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 I
 1 Congress Street, Suite 1100 (RAA)
 Boston, MA 02114

[Handwritten Signature]

