

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. Arthur Hiler
ASI Packaging Company
3019 Airpark Drive N.
Flint, Michigan 48507

2. Article Number
(Transfer from service label)

7009 1680 0000 7665 8409

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-14

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *R. Hiler* B. Date of Delivery *7-6-11*

C. Signature *R. Hiler*

X Agent

Address

D. Is delivery address different from item 1? Yes No

Yes, enter delivery address below No

REGIONAL HEARING CLERK

U.S. ENVIRONMENTAL PROTECTION AGENCY

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

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE

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

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

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

**REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY**

JUL 12 2011

RECEIVED

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