

**UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION III**

In the matter of:	:	Administrative Complaint
	:	
RFN Enterprise, Inc.	:	U.S. EPA Docket No.
428 Foxridge Drive	:	TSCA-03-2017-0106
Leesburg, VA 20175	:	
Respondent,	:	Proceeding Under Section 16(a) of the
	:	Toxic Substances Control Act
5338 Reisterstown Rd.	:	15 U.S.C. § 2615(a).
Baltimore, MD 21215	:	
Target Housing.	:	
	:	


CERTIFICATE AND PROOF OF SERVICE

I hereby certify that on May 5, 2017, I caused to be hand-delivered to Ms. Lydia Guy, Regional Hearing Clerk(3RC00), EPA Region III, 1650 Arch Street - 5th Floor, Philadelphia, PA 19103-2029, the original and one (1) copy of the certified mail return receipt "green card" (Receipt Number 7015 0640 0001 0393 1297, bearing the signature of Frances Nataren and evidencing service and delivery, on March 22, 2017, of a copy of the Complaint filed in the above-captioned matter upon Jose and Frances Nataren, 428 Foxridge Drive, Leesburg, VA 20175.

I further certify that true and correct copies of the same were placed in EPA counsel's case file and provided to the Respondent by first class mail.

5 / 5 / 17

Date


Philip Yeany
(3RC50)
Sr. Assistant Regional Counsel
U.S. EPA, Region III
1650 Arch Street
Philadelphia, PA 19103-2029
Tel. (215) 814-2495

2017 MAY -5 AM 9:05

NOVA
UNITED STATES POSTAL SERVICE
22 MAR '17
PM 2 1



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

UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION III
1650 ARCH STREET
MAIL CODE 38050/VEANY
PHILADELPHIA, PA 19103-2029
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

BOX*

USPS TRACKING#



9590 9401 0022 5168 1393 96

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
Jose and Frances Nataren
428 Foxridge Drive
Leesburg, VA 20175



2. Article Number (Transfer from service label)
7015 0640 0001 0393 1297

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Recipient (Printed Name) C. Date of Delivery

Frances Nataren

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

MAR 22 2017
20175

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	