

**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:

Gregg J. Corbo  
 Kopelman & Paige, P.C.  
 101 Arch Street  
 Boston, MA 02110

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) *Matthew Retman*  
 C. Date of Delivery

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

2. Article Number  
 (Transfer from service label)

7008 1140 0002 9708 3422

PS Form 3811, February 2004

Domestic Return Receipt *CWA-01-2009-0072* 102595-02-M-1540

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

*HLB*