

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. Samuel Ascencio
 Mrs. Glenda Ascencio
 64848 McIntosh Lane
 Goshen, Indiana 46526

TSCA-05-2011-0017

2. Article Number
(Transfer from service label)

7001 0320 0005 8933 1082

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Janette Ascencio 9/12/11

C. Signature
X Janette Ascencio Agent Addressee

D. Is delivery address different from Item 1? Yes No
If "Yes," enter delivery address below:

RECEIVED

SEP 14 2011

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. •

Regional Hearing Clerk (E-191)
 U.S. EPA
 77 W. Jackson Blvd.
 Chicago IL 60604

REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY

SEP 14 2011

RECEIVED

