

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Received by (Please Print Clearly) <i>Joy A Lund</i> B. Date of Delivery <i>10 4 10</i></p> <p>C. Signature <i>Joy A Lund</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Eric R. Fox Attorney 1122 South State Street Hart, Michigan 49420</p> <p><i>EPCRA-05-2011-0001</i></p>		<p>3. Service Type <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Registered Mail Receipt for Merchandise <input type="checkbox"/> Insured Mail</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7001 0320 0006 0296 3214</p>	
PS Form 3811, March 2001		Domestic Return Receipt	
		102595-01-M-1424	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
<p><i>EPCRA-05-2011-0001</i></p>	
<p><i>CAC</i> Postage \$</p> <p><i>Entomology</i> Certified Fee</p> <p><i>SM-53</i> Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees</p>	<p>RECEIVED</p> <p>OCT 08 2010</p> <p>REGIONAL HEARING-CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY</p>
<p>7001 0320 0006 0296 3214</p> <p>Eric R. Fox Attorney 1122 South State Street Hart, Michigan 49420</p>	<p>for Instructions</p>