

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly) <i>Helen Muffoletto</i> B. Date of Delivery <i>8-8-11</i></p> <p>C. Signature <i>Helen Muffoletto</i> <input type="checkbox"/> Agent</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><b>Mr. and Mrs. Anthony Muffoletto</b>  <b>15383 Whispering Oak Drive</b>  <b>Mishawaka, Indiana 46545</b></p>	<p><b>RECEIVED</b></p> <p><b>AUG 09 2011</b></p> <p><b>REGIONAL HEARING CLERK</b>  <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b></p>	
<p>2. Article Number (Transfer from service label) <i>TSCA-05-2011-0014</i></p> <p>7009 1680 0000 7665 8591</p>		
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-142</p>		

UNITED STATES POSTAL SERVICE

SOUTH BEND IN 465

05 AUG 2011 PM 1 L

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. 6-10

• Sender: Please print your name, address, and city, state, and ZIP+4®

**RECEIVED**

**AUG 09 2011**

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

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

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