

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>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Mr. Greg Oehler Gillespie Realty 502 East Main Street Fredericksburg, TX 78624-4616  TSCA .06-2008-4094	B. Received by (Printed Name) Sheila Bingham	C. Date of Delivery 6/13/09
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below:	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PS Form 3811, February 2004	Domestic Return Receipt	102695-02-M-1540

Atty: Rebekah Reynolds  
 Case: Gillespie Realty

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 2009 JUN 16 PM 1:52  
 REGIONAL HEARING CLERK  
 EPA REGION VI