

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. Rich PUNCHES
5 Cummings Avenue, NW
Grand Rapids, Michigan 49534

TSCA-05-2009-0010

2. Article Number

(Transfer from service label)

7001 0320 0006 0189 7831

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

RICH PUNCHES

B. Date of Delivery

4-27-10

C. Signature

x PUNCHES

Agent

Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

No

RECEIVED

APR 29 2010

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY

Domestic Return Receipt

102595-01-M-1424