

**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:

Ms. Angela Davidson-Garlick  
Evans Law Firm. P.C.  
817 West U.S. Highway 50  
O'Fallon, Illinois 62269

TSCA-05-2011-0018

2. Article Number  
(Transfer from service label)

7009 1680 0000 7673 3458

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
X *Erin Hunter*

B. Received by (Printed Name) C. Date of Delivery  
*ERIN HUNTER* *3/20/12*

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

MAR 20 2012

REGIONAL HEARING CLERK  
USEPA

3. Service Type **REGION 5**  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes