

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 mail piece, or on the front if space permits.

1. Article Addressed to:

Mr. George E. Goodman
127 Guinea Dr.
Xenia, Illinois 62889

TSCA-05-2011-0005

2. Article Number
(Transfer from service label)

7009 1680 0000 7666 9047

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **George Goodman** B. Date of Delivery **JUN 24 2011**

C. Signature **X George Goodman** Agent Addressee

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

REGIONAL HEARING CLERK

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

4. Restricted Delivery? (Extra Fee) Yes

RECEIVED
JUN 28 2011

UNITED STATES POSTAL SERVICE



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

• Sender, Please print your name, address, and ZIP+4 in this box •

RECEIVED
JUN 28 2011

REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY

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

