

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. Kristina Woods
 Hercules Incorporated
 5200 Blazer Parkway
 Dublin, OH 43017

2. Article Number
 (Transfer from service label)

7009 1680 0000 7665 8973

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Alana Welman

C. Signature

X Alana Welman

Agent
 Addressee

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

Yes
 No

3. Service Type

Certified Mail
 Registered
 Insured Mail

Express Mail

Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

Domestic Return Receipt

102595-01-M-1424

RECEIVED

JUL 12 2011

REGIONAL HEARING CLERK
 U.S. ENVIRONMENTAL
 PROTECTION AGENCY

WIFRA-05-2011-0017

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 •

Regional Hearing Clerk
 U.S. EPA
 77 W. Jackson Blvd.
 Chicago IL 60604

REGIONAL HEARING CLERK
 U.S. ENVIRONMENTAL
 PROTECTION AGENCY

JUL 12 2011

RECEIVED

