

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>	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Bruce Lite  Bruce Lite Excavating + Septic Tank Service  1846 County Rd 29  Bellefontaine, OH 43311  CWA-05-2010-0014</p>	<p>C. Signature _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If YES, enter delivery address below: _____</p> <p><b>RECEIVED</b>  SEP 30 2010  REGIONAL HEARING CLERK  U.S. ENVIRONMENTAL PROTECTION AGENCY</p>
<p>2. Article Number  (Transfer from service label)    7001 0320 0206    <del>1448</del> 0136   </p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, March 2001</p>	<p>Domestic Return Receipt 102595-01-M-1424</p>