

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. Gary Carl  
 Houghton International, Inc.  
 930 Madison Avenue  
 Valley Forge, PA 19482-0930

TSCA-05-2011-0003

2. Article Number  
 (Transfer from service label)

7009 1680 0000 7666 6619

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

Received by (Please Print Clearly) B. Date of Delivery  
 Jennifer O'Neil 4/1/11

Signature  Agent  
 Addressee

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

APR - 8 2011

REGIONAL HEARING CLERK

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

4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE

PHILADELPHIA PA 19104



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 (E-19J)  
 U.S. EPA, Region 5  
 77 West Jackson Blvd.  
 Chicago, IL 60604

REGIONAL HEARING CLERK  
 USEPA  
 REGION 5  
 APR - 8 2011  
 RECEIVED

