

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. 	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>5/23/09</u></p>
<p>1. Article Addressed to:</p> <p>Mr. Habeeba Shariff M. Anwar Shariff 5145 W. Elm Street Skokie, Illinois 60077</p> <p><i>TSCA-05-2008-0007</i></p>	<p>C. Signature <u>X</u> <i>H. Shariff</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>RECEIVED MAY 26 2009 REGIONAL HEARING CLERK</p>
<p>2. Article Number (Transfer from service label) <u>7001 0320 0006 0182 9368</u></p>	<p>3. Service Type USEPA REGION 5</p> <p><input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Registered <input checked="" 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>