

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:

Aretha Marshall
 711 West Boston
 Detroit, Michigan 48202

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 * 4.11.08

C. Signature Agent
 X *Aretha Marshall* Addressee

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7001 0320 0006 1456 1774

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

RECEIVED
 REGIONAL HEARING
 US EPA REGION 4
 10:11 AM 5/11/08