

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. William Schawbel
The Schawbel Corp.
26 Crosby Dr.
Bedford, Massachusetts 01730

FIIRA 05-2011-0004

2. Article Number
(Transfer from service label)

7009 1680 0000 7662 1014

PS Form 3811, March 2001

COMPLETE THIS SECTION ON DELIVERY

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

A. Hoxton

C. Signature

X G. Hoxton

Agent

Addressee

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

Yes

No

RECEIVED

JAN 04 2011

3. Service type

Certified Mail

Express Mail

Registered Mail

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Domestic Return Receipt

102595-01-M-1424