


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 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>	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature X 	
1. Article Addressed to: <b>REGIONAL HEARING CLERK</b> <b>U.S. ENVIRONMENTAL</b> <b>PROTECTION AGENCY</b> Ms. Donna M. Domanovics Lad Technology, Inc. 730 Beta Drive, Unit B Mayfield Village, Ohio 44143  <i>EPCRA 05-2009-0004</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7001 0320 0006 0293 3323	
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424