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:

Joseph Turek
M-Wave, Inc.
11533 Franklin Avenue
Franklin Park, Illinois 60131

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* S. Hanlon

B. Date of Delivery 09/14/07

C. Signature X S. Hanlon

☐ Agent
☐ Addressee

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

EPCRA-05-2007-0031

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

2007 SEP 17 PM 3:29

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

RECEIVED
REGIONAL HEARING CLERK
US EPA

2. Article Number
(Transfer from service label) 7001 0320 0006 0186 2426

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Sonja Brooks-Woodard E-13J ...ded)

7001 0320 0006 0186 2426

Postage	$ 114
Certified Fee	265
Return Receipt Fee (Endorsement Required)	215
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 594

Postmark Here

Sent To Joseph Turek
M-Wave, Inc.
Street, Apt. No.; or PO Box No. 11533 Franklin Avenue
City, State, ZIP+4 Franklin Park, Illinois 60131

EPCRA-05-2007-0031

PS Form 3800, January 2001 See Reverse for Instructions