

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. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Rebekah Lacey Arthur P. Kreiger Anderson & Kreiger, LLP One Canal Park, Suite 200 Cambridge, MA 02141</p>	<p>B. Received by (Printed Name) C. Date of Delivery Kat Lewin OCT 05 2004</p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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>

7008 1140 0002 9708 3354
Domestic Return Receipt CWA-01-2009-0071 102595-02-M-1540

UNITED STATES POSTAL SERVICE
MA 018 11
18 SEP 2008 PM
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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A
A

Judy Lao
Acting, Regional Hearing Clerk
US EPA Region 1
1 Congress Street, Suite 1103 (R.A.A.)
Boston, MA 02114

021142023

