

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:

William M. Abbott, Attorney
Abbott, Thompson & Beer, PLC
P.O. Box 450
180 W. Michigan Ave., Ste. 601
Jackson, Michigan 49204

EPCRA-05-2010-0009

2. Article Number

(Transfer from service label)

PS Form 3811, March 2001

SC-65 J. Entzminger

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Steph Schenkel

B. Date of Delivery

3-23-10

C. Signature

[Handwritten Signature]

Agent

Addressee

Is delivery address different from item?

Yes

No

If YES, enter delivery address below:

APR 14 2010

REGIONAL HEARING CLERK

U.S. ENVIRONMENTAL PROTECTION AGENCY

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

6900

Domestic Return Receipt

102595-01-M-1424