

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p> 1. Article Addressed to: REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY Mr. Richard Wilcox, President Accurate Specialties, Inc. N12 W24360 Bluemound Road Waukesha, Wisconsin 53188-1631 </p> <p> <i>EPCRA-05-2009-0009</i> </p>	<p> A. Received by (Please Print Clearly) _____ B. Date of Delivery 1-26-09 </p>	
	<p> C. Signature X Cheryl Barsz <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </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> 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. </p>	
	<p> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes </p>	
<p> 2. Article Number (Transfer from service label) </p>	<p> 7001 0320 0006 0183 0548 </p>	
<p> PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424 </p>		

1/29/2009 JW