



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. 	A. Received by (Please Print Clearly)	B. Date of Delivery 6-8-09
1. Article Addressed GAA-05-2009-0023 Conett, Inc. Elizabeth H. Schmiessing Faegre and Benson LLP 2200 Wells Fargo Center 90 S. Seventh Street Minneapolis, MN 55402-3501	C. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if YES, enter delivery address below:	
PS Form 3811, March 2001	JUN 11 2009 REGIONAL HEARING CLERK USEPA	
	3. Service Type REGION 5 <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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		
	Domestic Return Receipt 102595-01-M-1424	