

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Susan Michaud-Bosse</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Susan Michaud-Bosse</i> C. Date of Delivery <i>9-28-09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Susan Michaud-Bosse, VP PropSys Management Company 55 Lisbon Street, Suite 2100 Lewiston, ME 04240</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, August 2001</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7001 1140 0000 6592 3100</p> <p>Domestic Return Receipt <span style="float: right;">102585-02-01-0205</span></p>

UNITED STATES POSTAL SERVICE  
SO. MAINE P&DC 040  
28 SEP 2009 PM 3:11

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

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

William D. Chin OES/SEL  
U.S. EPA - Region 1  
1 Congress Street, Suite 1100  
Boston, MA 02114-2023

TSCA-01-2009-0101

SEL

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