

**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:

Kaivac, Inc.  
 Mr. Robert Robinson, President  
 401 S. 3<sup>rd</sup> Street  
 Hamilton, Ohio 45011

*717RA-05-2010-0022*

2. Article Number  
(Transfer from service label)

7001 0320 0005 8933 0610

PS Form 3811, March 2001

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

*8/16/10*

C. Signature

*X Karmir Becker*

Agent

Addressee

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

**RECEIVED**  
**AUG 16 2010**

**REGIONAL HEARING CLERK**  
**U.S. ENVIRONMENTAL**  
**PROTECTION AGENCY**

3. Insurance

Registered

Insured Mail

Express Mail

Return Receipt for Merchandise

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-01-M-1424