



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) <i>Robert Quirin</i>	B. Date of Delivery <i>3-18-10</i>
	C. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No YES, enter delivery address below:	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Mr. Robert Quirin, Owner Handy Fertilizer, Inc. 5959 Floraville Road Millstadt, Illinois 62260 </div>	RECEIVED MAR 24 2010 REGIONAL HEARING CLERK U.S. ENVIRONMENTAL PROTECTION AGENCY	
	3. Service Type <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	
2. Article Number (Transfer from service label) MM-052010-0003	7009 1680 0000 7665 6924	
PS Form 3811, March 2001 Domestic Return Receipt		102595-01-M-1424
<i>SC-6J J. Entzminger</i>		

MM-05-2010-0003
 CAA-05-2010-0015
 CERCLA-05-2010-0002

U.S. Postal Service		CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
OFFICIAL USE			
Postage	\$	<i>1.56</i>	
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	<i>6.66</i>	
Sent To	Mr. Robert Quirin, Owner Handy Fertilizer, Inc. 5959 Floraville Road Millstadt, Illinois 62260		
Street, Apt. No., or PO Box No.			
City, State, ZIP+4			
PS Form 3800, August 2009		for Instructions	