

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. 	<p>A. Received by (Please Print Clearly) <i>Garrie Kulisia</i> B. Date of Delivery <i>10/5/09</i></p>
<p>1. Article Addressed to: <i>EPCRA-05-2010-0001</i></p> <p>Gregory J. Wohlfert, President Paw Paw Plating, Inc. 139 Commercial Ave., P.O. Box 221 Paw Paw, Michigan 49079</p>	<p>C. Signature <i>Garrie Kulisia</i> <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>RECEIVED OCT 09 2009</p> <p>REGIONAL HEARING CLERK USEPA</p>
<p>2. Article Number (Transfer from service label) <i>7001 0320 0005 8914 1728</i></p>	<p>3. Service Type REGION 5</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p> <p><i>SC-65 J. Entzminger</i></p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
7001 0320 0005 8914 1728	<p><i>J. Entzminger</i> <i>EPCRA-05-2010-0001</i></p>
	<p>Postage \$ <i>6.49</i></p> <p>Certified Fee</p> <p>Return Receipt Fee (Endorsement Required)</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$ <i>6.49</i></p>
	<p>RECEIVED OCT 09 2009</p> <p>REGIONAL HEARING CLERK USEPA</p> <p>REGION 5</p>
	<p>Sent To Gregory J. Wohlfert, President Paw Paw Plating, Inc. 139 Commercial Ave., P.O. Box 221 Paw Paw, Michigan 49079</p>
	<p>PS Form 3806, January 2002</p>