

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:

Mr. Joel Borgardt
Lamplight Farms, Inc.
4900 N. Lilly Road
Menomonee Falls, WI. 53051

2. Article Number

(Transfer from service label)

7001 0320 0006 0189 9828

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

1-28-10

C. Signature

~~X~~ ~~RECEIVED~~

Agent

Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below

No

JAN 27 2010

REGIONAL HEARING CLERK
USEPA

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

REGION 5