

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

- Agent
- Addressee

Address different from item 1?  Yes  
 Delivery address below:  No

**RECEIVED**  
 SEP 21 2009

**REGIONAL HEARING CLERK**  
**USPS**  
**REGION 3**

Vinnie Wilson  
 P.O. Box 317639  
 Cincinnati, OH 45231

-Answer-

TSCA-05-2008-0019

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label)

7001 0320 0006 0188 0901

PS Form 3811, March 2001

Domestic Return Receipt

02595-01-M-1424